

SECTION 904 (2)(c) Part 4  
TOTAL CMHSP COSTS BY SERVICE  
CATEGORY AND CMHSP  
FY 2016

Persons with Developmental Disabilities  
(DD)

## 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 individuals with a developmental disorder (DD) by service category for each of the 46 CMHSPs within the State of Michigan.

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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	2	48	\$43,962	\$21,981	\$916	24
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	2	25	\$944	\$472	\$38	13
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	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	22	\$16,918	\$16,918	\$769	22
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan 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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	8	8	\$6,733	\$842	\$842	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	18	18	\$15,150	\$842	\$842	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	43	249	\$27,888	\$649	\$112	6
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	41	220	\$37,205	\$907	\$169	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	30	130	\$30,626	\$1,021	\$236	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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	1	1	\$173	\$173	\$173	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	2	\$734	\$367	\$367	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	7	34	\$12,682	\$1,812	\$373	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	6	126	\$38,934	\$6,489	\$309	21
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	10	55	\$2,750	\$275	\$50	6
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	4	4	\$549	\$137	\$137	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	13	\$2,093	\$190	\$161	1
Assessment for Autism		96101	U5	Hour	1	2	\$320	\$320	\$160	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	7	88	\$5,016	\$717	\$57	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	21	21	\$2,226	\$106	\$106	1
Occupational Therapy		97004		Encounter	36	36	\$2,340	\$65	\$65	1
Occupational or Physical Therapy		97110		15 Minutes	12	64	\$3,840	\$320	\$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	1	3	\$78	\$78	\$26	3
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	56	1,936	\$52,272	\$933	\$27	35
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	18	153	\$4,131	\$230	\$27	9
Occupational or Physical Therapy		97535		15 Minutes	3	11	\$495	\$165	\$45	4
Occupational or Physical Therapy		97537		15 Minutes	1	2	\$52	\$52	\$26	2
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	4	13	\$338	\$85	\$26	3
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	169	649	\$112,293	\$664	\$173	4
Assessment for Autism		99213	U5	Encounter	8	13	\$2,301	\$288	\$177	2
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	17	17	\$6,732	\$396	\$396	1
Assessment for Autism		99214	U5	Encounter	1	1	\$396	\$396	\$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	21	21	\$8,274	\$394	\$394	1
Assessment for Autism		99215	U5	Encounter	1	1	\$394	\$394	\$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	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	\$94	\$94	\$94	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	2	\$188	\$188	\$94	2
Additional Codes-Physician Services		99232		25 minutes	1	4	\$376	\$376	\$94	4
Additional Codes-Physician Services		99233		35 Minutes	1	5	\$470	\$470	\$94	5
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	2	7	\$266	\$133	\$38	4
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	2	2	\$185	\$93	\$93	1
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	2	2	\$274	\$137	\$137	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Allegan 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	12	14	\$1,834	\$153	\$131	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	19	\$7,562	\$2,521	\$398	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
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	6	6	\$1,848	\$308	\$308	1
Assessment for Autism		H0031	U5	Encounter	37	83	\$42,248	\$1,142	\$509	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	71	72	\$22,176	\$312	\$308	1
Treatment Planning		H0032		Encounter	151	186	\$42,594	\$282	\$229	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	30	30	\$6,870	\$229	\$229	1
Substance Abuse: Pharmacological 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	8	761	\$46,866	\$5,858	\$62	95
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	1	211	\$14,026	\$14,026	\$66	211
Community Living Supports in Independent living/own home		H0043		Per diem	44	12,366	\$2,070,095	\$47,048	\$167	281
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	39	149	\$22,797	\$585	\$153	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	42	255	\$39,015	\$929	\$153	6
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	5	15	\$1,110	\$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	126	34,606	\$353,490	\$2,805	\$10	275
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	69	45,650	\$533,932	\$7,738	\$12	662
Community Living Supports (15 Minutes)		H2015		15 Minutes	260	336,059	\$1,860,270	\$7,155	\$6	1,293
Community Living Supports (Daily)		H2016		Per Diem	73	22,600	\$2,607,273	\$35,716	\$115	310
Behavior Services		H2019		15 Minutes	6	170	\$8,475	\$1,413	\$50	28
Behavior Services		H2019	TT	15 Minutes	4	284	\$14,159	\$3,540	\$50	71
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	15	12,968	\$284,547	\$18,970	\$22	865
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	13	19,869	\$321,719	\$24,748	\$16	1,528
Wraparound		H2021		15 Minutes	1	14	\$1,344	\$1,344	\$96	14
Supported Employment Services		H2023		15 minutes	127	19,755	\$1,390,412	\$10,948	\$70	156
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	20	3,432	\$119,903	\$5,995	\$35	172
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	45	455	\$68,250	\$1,517	\$150	10
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	7	\$1,050	\$1,050	\$150	7
BHT/ABA Family Training		S5111	U5	Encounter	11	79	\$12,498	\$1,136	\$158	7
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	2	2	\$46,599	\$23,300	\$23,300	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$375	\$375	\$375	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	1	10,727	\$81,511	\$81,511	\$8	10,727
Private Duty Nursing		T1000	TE	Up to 15 min	1	2,110	\$18,642	\$18,642	\$9	2,110
Assessment		T1001		Encounter	38	40	\$5,080	\$134	\$127	1
Health Services		T1002		Up to 15 min	46	439	\$35,120	\$763	\$80	10
Respite Care		T1005		15 Minutes	94	57,820	\$157,135	\$1,672	\$3	615
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	2	2,612	\$9,160	\$4,580	\$4	1,306
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
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	441	11,029	\$1,099,690	\$2,494	\$100	25
Targeted Case Management		T1017		15 minutes	6	212	\$20,517	\$3,420	\$97	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	198	\$19,162	\$2,395	\$97	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	72	22,417	\$1,347,905	\$18,721	\$60	311
Assessments		T1023		Encounter	12	17	\$3,026	\$252	\$178	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	4	73	\$808	\$202	\$11	18
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	118	1,044	\$104,275	\$884	\$100	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	3	4	\$4,769	\$1,590	\$1,192	1
Respite Care		T2036		Per session. One night = one session	20	150	\$19,519	\$976	\$130	8
Respite Care		T2037		Per session. One day/partial day = one session	3	20	\$1,453	\$484	\$73	7
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
<b>Total Population and Cost</b>					<b>481</b>		<b>\$13,311,801</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	20	\$12,046	\$12,046	\$602	20
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	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	17	\$6,127	\$3,064	\$360	9
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	18	87	\$7,495	\$416	\$86	5
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	23	47	\$6,559	\$285	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	17	20	\$4,713	\$277	\$236	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	2	\$755	\$755	\$378	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	0	0	\$0	\$0	\$0	0
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	27	20	\$8,117	\$301	\$406	1
Assessment for Autism		96101	U5	Hour	1	1	\$300	\$300	\$300	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	2	5	\$2,749	\$1,374	\$550	3

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	4	4	\$2,199	\$550	\$550	1
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	5	5	\$560	\$112	\$112	1
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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	2	\$256	\$256	\$128	2
Assessment for Autism		99205	U5	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	28	\$646	\$215	\$23	9
Assessment for Autism		99211	U5	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	3	4	\$279	\$93	\$70	1
Assessment for Autism		99212	U5	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	107	553	\$65,774	\$615	\$119	5
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	8	154	\$20,803	\$2,600	\$135	19
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	2	3	\$412	\$206	\$137	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	136	136	\$32,897	\$242	\$242	1
Assessment for Autism		H0031	U5	Encounter	1	108	\$35,049	\$35,049	\$325	108
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	15	15	\$1,050	\$70	\$70	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	15	15	\$1,050	\$70	\$70	1
Substance Abuse: Pharmacological 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	37	116	\$5,683	\$154	\$49	3
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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	66	241,411	\$3,896,426	\$59,037	\$16	3,658
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	54	\$11,381	\$813	\$211	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	10	29	\$1,351	\$135	\$47	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	75	2,828	\$1,556	\$21	\$1	38
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	3	504	\$2,772	\$924	\$6	168
Community Living Supports (15 Minutes)		H2015		15 Minutes	313	222,248	\$1,502,738	\$4,801	\$7	710
Community Living Supports (Daily)		H2016		Per Diem	62	12,676	\$2,460,785	\$39,690	\$194	204
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	8	344	\$8,043	\$1,005	\$23	43
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	7	8,381	\$195,956	\$27,994	\$23	1,197
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1	114,162	\$331,121	\$331,121	\$3	114,162
Wraparound		H2021		15 Minutes	28	46	\$1,115	\$40	\$24	2
Supported Employment Services		H2023		15 minutes	142	23,282	\$364,846	\$2,569	\$16	164
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	3	1,571	\$48,866	\$16,289	\$31	524
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	61	74	\$12,240	\$201	\$165	1
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	1	17	\$2,812	\$2,812	\$165	17
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	76	88	\$7,281	\$96	\$83	1
Health Services		T1002		Up to 15 min	95	770	\$16,597	\$175	\$22	8
Respite Care		T1005		15 Minutes	40	15,689	\$55,553	\$1,389	\$4	392
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
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	73	2,703	\$199,557	\$2,734	\$74	37
Targeted Case Management		T1017		15 minutes	271	8,338	\$638,703	\$2,357	\$77	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	133	11,389	\$516,832	\$3,886	\$45	86
Assessments		T1023		Encounter	2	2	\$245	\$122	\$122	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	2	\$245	\$122	\$122	1
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	19	185	\$19,812	\$1,043	\$107	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					0	0	\$0	\$0	\$0	0
Aggregate for J Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,794</b>		<b>\$10,512,353</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	6	\$5,951	\$5,951	\$992	6
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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	5	5	\$1,606	\$321	\$321	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	2	\$514	\$257	\$257	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	8	16	\$1,924	\$240	\$120	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	1	1	\$120	\$120	\$120	1
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	21	70	\$15,520	\$739	\$222	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	9	20	\$6,650	\$739	\$332	2
Substance abuse: Outpatient Care		90837	HF	60 Minutes	1	2	\$721	\$721	\$361	2
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	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	\$962	\$481	\$240	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	7	33	\$8,144	\$1,163	\$247	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	3	18	\$2,143	\$714	\$119	6
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	18	345	\$17,011	\$945	\$49	19
Speech & Language Therapy		92508		Encounter	13	81	\$1,146	\$88	\$14	6
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	16	19	\$2,096	\$131	\$110	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	11	\$6,177	\$1,029	\$562	2
Assessment for Autism		96101	U5	Hour	4	4	\$1,350	\$338	\$338	1
Psychological Testing by Technician		96102		Per Hour	3	5	\$1,202	\$401	\$240	2
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	18	\$951	\$951	\$53	18
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	15	17	\$2,046	\$136	\$120	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	16	1,472	\$50,317	\$3,145	\$34	92
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	6	26	\$326	\$54	\$13	4
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	1	3	\$116	\$116	\$39	3
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	\$282	\$94	\$94	1
Assessment for Autism		99211	U5	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	\$202	\$202	\$202	1
Assessment for Autism		99212	U5	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	3	4	\$604	\$201	\$151	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	29	73	\$20,356	\$702	\$279	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	2	2	\$607	\$303	\$303	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	1	1	\$361	\$361	\$361	1
Assessment		H0002		Encounter	5	5	\$962	\$192	\$192	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	2	\$1,924	\$1,924	\$962	2
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
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	9	683	\$54,239	\$6,027	\$79	76
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	124	126	\$23,483	\$189	\$186	1
Assessment for Autism		H0031	U5	Encounter	17	53	\$15,650	\$921	\$295	3
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	42	48	\$10,928	\$260	\$228	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	85	\$6,563	\$6,563	\$77	85
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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	17	52	\$11,012	\$648	\$212	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	13	\$1,404	\$468	\$108	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	3	4,648	\$14,221	\$4,740	\$3	1,549
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	76	83,504	\$946,895	\$12,459	\$11	1,099
Community Living Supports (Daily)		H2016		Per Diem	30	9,892	\$961,022	\$32,034	\$97	330
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	16	3,371	\$131,966	\$8,248	\$39	211
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	10	12,901	\$302,724	\$30,272	\$23	1,290
Wraparound		H2021		15 Minutes	1	54	\$5,718	\$5,718	\$106	54
Supported Employment Services		H2023		15 minutes	2	184	\$7,472	\$3,736	\$41	92
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	15	1,413	\$71,441	\$4,763	\$51	94
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	4	6	\$565	\$141	\$94	2
Health Services		S9446		Encounter	6	67	\$1,610	\$268	\$24	11
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	2	2	\$212	\$106	\$106	1
Health Services		T1002		Up to 15 min	7	8	\$282	\$40	\$35	1
Respite Care		T1005		15 Minutes	20	21,217	\$64,947	\$3,247	\$3	1,061
Respite Care		T1005	TD	15 Minutes	2	476	\$5,411	\$2,706	\$11	238
Respite Care		T1005	TE	15 Minutes	2	730	\$6,454	\$3,227	\$9	365
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
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	98	1,481	\$311,444	\$3,178	\$210	15
Targeted Case Management		T1017		15 minutes	62	825	\$174,710	\$2,818	\$212	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	49	\$7,458	\$932	\$152	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	30	9,892	\$1,047,142	\$34,905	\$106	330
Assessments		T1023		Encounter	1	1	\$481	\$481	\$481	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	1	4	\$263	\$263	\$66	4

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	2	48	\$1,213	\$606	\$25	24
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	16	\$2,021	\$1,010	\$126	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	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
<b>Total Population and Cost</b>					<b>179</b>		<b>\$4,341,242</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	1	42	\$31,014	\$31,014	\$738	42
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	4	32	\$25,177	\$6,294	\$787	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	1	28	\$18,760	\$18,760	\$670	28
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	26	\$645	\$322	\$25	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	\$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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	43	43	\$19,921	\$463	\$463	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$45	\$45	\$45	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	27	85	\$7,158	\$265	\$84	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	79	709	\$37,991	\$481	\$54	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	22	87	\$19,972	\$908	\$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
Assessment for Autism		90838	U5	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	8	\$1,587	\$529	\$198	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	18	92	\$7,956	\$442	\$86	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	10	\$452	\$452	\$45	10
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	6	22	\$424	\$71	\$19	4
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	7	105	\$9,007	\$1,287	\$86	15
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	6	6	\$827	\$138	\$138	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	1	4	\$490	\$490	\$123	4
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	43	\$9,640	\$602	\$224	3
Assessment for Autism		96101	U5	Hour	12	22	\$2,096	\$175	\$95	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	20	205	\$8,636	\$432	\$42	10
Physical Therapy		97001		Encounter	63	67	\$22,637	\$359	\$338	1
Physical Therapy		97002		Encounter	4	5	\$345	\$86	\$69	1
Occupational Therapy		97003		Encounter	47	51	\$28,844	\$614	\$566	1
Occupational Therapy		97004		Encounter	1	1	\$146	\$146	\$146	1
Occupational or Physical Therapy		97110		15 Minutes	13	836	\$23,903	\$1,839	\$29	64
Occupational or Physical Therapy		97112		15 Minutes	6	122	\$3,169	\$528	\$26	20
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	4	12	\$241	\$60	\$20	3
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	12	588	\$14,051	\$1,171	\$24	49
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
Prosthetic Training (Children's Waiver)		97761		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	125	617	\$17,225	\$138	\$28	5
Assessment or Health Services		97803		15 Minutes	19	99	\$2,520	\$133	\$25	5
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$179	\$179	\$179	1
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	60	79	\$4,224	\$70	\$53	1
Assessment for Autism		99211	U5	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	73	131	\$13,699	\$188	\$105	2
Assessment for Autism		99212	U5	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	221	680	\$65,355	\$296	\$96	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	135	366	\$83,385	\$618	\$228	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	11	13	\$3,828	\$348	\$294	1
Assessment for Autism		99215	U5	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	1	48	\$47	\$47	\$1	48
Additional Codes-Physician Services		99222		50 Minutes	11	541	\$536	\$49	\$1	49
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
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	52	\$1,764	\$353	\$34	10
Additional Codes-Physician Services		99232		25 minutes	3	11	\$301	\$100	\$27	4
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$17	\$17	\$17	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Bay-Arenac 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	14	14	\$2,505	\$179	\$179	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	1	\$319	\$319	\$319	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
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	128	168	\$63,374	\$495	\$377	1
Assessment for Autism		H0031	U5	Encounter	73	112	\$53,342	\$731	\$476	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	123	123	\$43,050	\$350	\$350	1
Treatment Planning		H0032		Encounter	258	502	\$129,553	\$502	\$258	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	148	652	\$81,723	\$552	\$125	4
Substance Abuse: Pharmacological 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	845	\$58,500	\$4,875	\$69	70
Home Based Services		H0036	ST	15 Minutes	1	105	\$6,617	\$6,617	\$63	105
Peer Directed and Operated Support Services		H0038		15 minutes	11	1,572	\$14,265	\$1,297	\$9	143
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	44	10,621	\$1,157,136	\$26,299	\$109	241
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	70	278	\$21,527	\$308	\$77	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	80	857	\$91,619	\$1,145	\$107	11
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	14	69	\$3,374	\$241	\$49	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	224	684,228	\$2,442,663	\$10,905	\$4	3,055
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	82	228,594	\$1,028,499	\$12,543	\$4	2,788
Community Living Supports (15 Minutes)		H2015		15 Minutes	172	888,407	\$2,443,866	\$14,209	\$3	5,165
Community Living Supports (Daily)		H2016		Per Diem	157	52,251	\$4,800,436	\$30,576	\$92	333
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	16	12,133	\$210,105	\$13,132	\$17	758
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	39	40,259	\$617,764	\$15,840	\$15	1,032
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	141	69,026	\$375,103	\$2,660	\$5	490
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	22	25,286	\$77,551	\$3,525	\$3	1,149
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	44	5,202	\$255,942	\$5,817	\$49	118
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	6	29	\$9,324	\$1,554	\$322	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	4	\$525	\$525	\$131	4
BHT/ABA Family Training		S5111	U5	Encounter	3	3	\$1,015	\$338	\$338	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	10	\$646	\$323	\$65	5
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	31	273	\$16,079	\$519	\$59	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	1	1,987	\$73,116	\$73,116	\$37	1,987
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	3,007	\$96,140	\$96,140	\$32	3,007
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	5	\$1,345	\$673	\$269	3
Health Services		S9446		Encounter	6	14	\$1,255	\$209	\$90	2
Health Services		S9470		Encounter	77	153	\$7,443	\$97	\$49	2
Prevention Services - Direct Model		S9482		15 minutes	2	82	\$5,374	\$2,687	\$66	41
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	1	4,856	\$38,397	\$38,397	\$8	4,856
Private Duty Nursing		T1000	TE	Up to 15 min	1	8,344	\$55,999	\$55,999	\$7	8,344
Assessment		T1001		Encounter	204	211	\$53,889	\$264	\$255	1
Health Services		T1002		Up to 15 min	172	2,068	\$261,342	\$1,519	\$126	12
Respite Care		T1005		15 Minutes	97	39,865	\$81,903	\$844	\$2	411
Respite Care		T1005	TD	15 Minutes	3	4,875	\$38,196	\$12,732	\$8	1,625
Respite Care		T1005	TE	15 Minutes	2	4,580	\$24,875	\$12,438	\$5	2,290
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	2	1,350	\$3,211	\$1,606	\$2	675
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	636	18,815	\$2,013,328	\$3,166	\$107	30
Targeted Case Management		T1017		15 minutes	88	2,802	\$194,895	\$2,215	\$70	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	31	\$2,602	\$1,301	\$84	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	155	51,517	\$2,708,902	\$17,477	\$53	332
Assessments		T1023		Encounter	26	32	\$15,474	\$595	\$484	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	131	1,282	\$44,961	\$343	\$35	10
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	25	\$12,378	\$4,126	\$495	8
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	151	853	\$78,162	\$518	\$92	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	8	52	\$5,039	\$630	\$97	7
Respite Care		T2037		Per session. One day/partial day = one session	7	119	\$3,188	\$455	\$27	17
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
<b>Total Population and Cost</b>					<b>735</b>		<b>\$20,316,050</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	1	5	\$4,891	\$4,891	\$978	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	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	7	83	\$71,887	\$10,270	\$866	12
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$332	\$332	\$332	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	13	13	\$4,001	\$308	\$308	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	25	59	\$7,088	\$284	\$120	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	32	131	\$19,264	\$602	\$147	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	30	138	\$21,170	\$706	\$153	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	3	4	\$798	\$266	\$199	1
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	2	10	\$2,438	\$1,219	\$244	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	5	34	\$4,031	\$806	\$119	7
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	31	38	\$11,917	\$384	\$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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	5	\$4,169	\$834	\$834	1
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	10	145	\$8,279	\$828	\$57	15
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	38	39	\$6,892	\$181	\$177	1
Occupational Therapy		97004		Encounter	9	9	\$1,582	\$176	\$176	1
Occupational or Physical Therapy		97110		15 Minutes	49	582	\$10,459	\$213	\$18	12
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	8	66	\$1,194	\$149	\$18	8
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	16	144	\$2,606	\$163	\$18	9
Occupational or Physical Therapy		97535		15 Minutes	3	39	\$706	\$235	\$18	13
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
Prosthetic Training (Children's Waiver)		97761		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	28	\$1,911	\$478	\$68	7
Assessment or Health Services		97803		15 Minutes	2	17	\$1,157	\$578	\$68	9
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	1	1	\$69	\$69	\$69	1
Assessment for Autism		99211	U5	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	144	412	\$38,240	\$266	\$93	3
Assessment for Autism		99212	U5	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	148	443	\$77,145	\$521	\$174	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	9	10	\$2,211	\$246	\$221	1
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$148	\$148	\$148	1
Assessment for Autism		99215	U5	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	1	1	\$97	\$97	\$97	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	18	\$539	\$539	\$30	18
Activity Therapy (Children's Waiver)		G0176		Encounter	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	2	2	\$505	\$253	\$253	1
Assessment		H0002		Encounter	6	6	\$964	\$161	\$161	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	1	\$445	\$445	\$445	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
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	1	18	\$887	\$887	\$49	18
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	44	44	\$12,556	\$285	\$285	1
Assessment for Autism		H0031	U5	Encounter	43	81	\$89,083	\$2,072	\$1,100	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	59	80	\$15,687	\$266	\$196	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	6	392	\$34,317	\$5,719	\$88	65
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	3	363	\$4,827	\$1,609	\$13	121
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	1	88	\$1,170	\$1,170	\$13	88
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	643	\$61,278	\$20,426	\$95	214
Community Living Supports in Independent living/own home		H0043		Per diem	101	34,133	\$6,416,930	\$63,534	\$188	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	37	149	\$46,830	\$1,266	\$314	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	29	70	\$23,371	\$806	\$334	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1	4	\$168	\$168	\$42	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	1	4,884	\$14,454	\$14,454	\$3	4,884
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	276	647,592	\$3,035,079	\$10,997	\$5	2,346
Community Living Supports (Daily)		H2016		Per Diem	93	29,914	\$2,465,071	\$26,506	\$82	322
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	10	10,102	\$195,578	\$19,558	\$19	1,010
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	23	54,421	\$1,078,446	\$46,889	\$20	2,366
Wraparound		H2021		15 Minutes	2	201	\$17,596	\$8,798	\$88	101
Supported Employment Services		H2023		15 minutes	78	109,394	\$806,970	\$10,346	\$7	1,402
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	26	7,946	\$451,433	\$17,363	\$57	306
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	32	859	\$169,352	\$5,292	\$197	27
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	17	105	\$23,591	\$1,388	\$225	6
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	27	96	\$11,956	\$443	\$125	4
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	3	3,093	\$102,179	\$34,060	\$33	1,031
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	3	8,516	\$239,165	\$79,722	\$28	2,839
Private Duty Nursing		S9124	TT	Hour	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	63	354	\$79,066	\$1,255	\$223	6
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	\$931	\$310	\$310	1
Health Services		T1002		Up to 15 min	62	949	\$97,271	\$1,569	\$102	15
Respite Care		T1005		15 Minutes	30	35,130	\$114,625	\$3,821	\$3	1,171
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	5	1,330	\$4,538	\$908	\$3	266
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	457	17,252	\$2,725,959	\$5,965	\$158	38
Targeted Case Management		T1017		15 minutes	19	735	\$65,973	\$3,472	\$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	90	29,304	\$2,818,500	\$31,317	\$96	326
Assessments		T1023		Encounter	22	47	\$17,760	\$807	\$378	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	11	177	\$9,745	\$886	\$55	16
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Berrien</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	36	451	\$61,749	\$1,715	\$137	13
Enhanced Medical Equipment-Supplies		T2028		Items	10	23	\$8,588	\$859	\$373	2
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
<b>Total Population and Cost</b>					<b>557</b>		<b>\$21,629,814</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

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			2	2	\$242	\$121	\$121	1
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	4	4	\$1,085	\$271	\$271	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	28	28	\$13,341	\$476	\$476	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	5	7	\$887	\$177	\$127	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	24	380	\$32,683	\$1,362	\$86	16
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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	7	33	\$5,253	\$750	\$159	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	2	\$425	\$425	\$213	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	8	\$1,857	\$619	\$232	3
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	7	\$1,910	\$318	\$273	1
Speech & Language Therapy		92507		Encounter	122	1,013	\$223,791	\$1,834	\$221	8
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	1	1	\$165	\$165	\$165	1
Speech & Language Therapy		92523		Encounter	109	115	\$29,795	\$273	\$259	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	77	346	\$78,003	\$1,013	\$225	4
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	76	82	\$19,105	\$251	\$233	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	97	146	\$65,507	\$675	\$449	2
Assessment for Autism		96101	U5	Hour	43	105	\$49,255	\$1,145	\$469	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	50	50	\$30,349	\$607	\$607	1
Assessments-Other		96111		Encounter	34	39	\$16,252	\$478	\$417	1
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Clinton Eaton Ingham Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	7	53	\$3,719	\$531	\$70	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	92	92	\$29,165	\$317	\$317	1
Occupational Therapy		97004		Encounter	115	118	\$27,624	\$240	\$234	1
Occupational or Physical Therapy		97110		15 Minutes	48	295	\$18,059	\$376	\$61	6
Occupational or Physical Therapy		97112		15 Minutes	12	74	\$2,672	\$223	\$36	6
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	4	73	\$5,300	\$1,325	\$73	18
Occupational or Physical Therapy		97124		15 Minutes	3	213	\$5,662	\$1,887	\$27	71
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	158	2,334	\$112,866	\$714	\$48	15
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	7	28	\$1,318	\$188	\$47	4
Occupational or Physical Therapy		97535		15 Minutes	39	222	\$9,137	\$234	\$41	6
Occupational or Physical Therapy		97537		15 Minutes	1	15	\$560	\$560	\$37	15
Occupational or Physical Therapy		97542		15 Minutes	21	72	\$5,367	\$256	\$75	3
Occupational or Physical Therapy		97750		15 Minutes	2	10	\$416	\$208	\$42	5
Occupational Therapy		97755		15 Minutes	32	124	\$9,271	\$290	\$75	4
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	1	3	\$130	\$130	\$43	3
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	9	39	\$1,315	\$146	\$34	4
Assessment or Health Services		97802		15 Minutes	166	374	\$27,176	\$164	\$73	2
Assessment or Health Services		97803		15 Minutes	174	763	\$51,417	\$296	\$67	4
Health Services		97804		30 Minutes	7	16	\$376	\$54	\$24	2
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	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	\$202	\$101	\$101	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	1	1	\$162	\$162	\$162	1
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	149	210	\$15,705	\$105	\$75	1
Assessment for Autism		99212	U5	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	348	756	\$137,265	\$394	\$182	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	211	416	\$68,574	\$325	\$165	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$1,924	\$385	\$385	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$366	\$366	\$366	1
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	3	7	\$2,204	\$735	\$315	2
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	2	2	\$1,430	\$715	\$715	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	1	1	\$192	\$192	\$192	1
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	20	598	\$51,041	\$2,552	\$85	30
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	562	588	\$359,351	\$639	\$611	1
Assessment for Autism		H0031	U5	Encounter	197	590	\$314,829	\$1,598	\$534	3
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	660	1,852	\$423,608	\$642	\$229	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	6	43	\$8,549	\$1,425	\$199	7
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	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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	144	33,325	\$8,081,298	\$56,120	\$242	231
Respite		H0045		Days	81	1,239	\$67,661	\$835	\$55	15
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	\$0	\$0	\$0	0
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	677	1,984,058	\$8,687,262	\$12,832	\$4	2,931
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	105	397,312	\$1,801,837	\$17,160	\$5	3,784
Community Living Supports (15 Minutes)		H2015		15 Minutes	596	1,516,334	\$6,991,175	\$11,730	\$5	2,544
Community Living Supports (Daily)		H2016		Per Diem	401	129,351	\$12,172,300	\$30,355	\$94	323
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	112	59,290	\$852,596	\$7,612	\$14	529
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	109	144,135	\$2,273,021	\$20,853	\$16	1,322
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	83	1,791	\$247,526	\$2,982	\$138	22
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	122	20,550	\$798,361	\$6,544	\$39	168
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	163	1,159	\$100,446	\$616	\$87	7
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	25	41	\$6,240	\$250	\$152	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	21	318	\$25,377	\$1,208	\$80	15
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	1	12	\$552	\$552	\$46	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	3	3	\$476	\$159	\$159	1
Health Services		S9446		Encounter	6	6	\$1,917	\$320	\$320	1
Health Services		S9470		Encounter	49	329	\$25,195	\$514	\$77	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	3	23,227	\$219,524	\$73,175	\$9	7,742
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	112	115	\$29,266	\$261	\$254	1
Health Services		T1002		Up to 15 min	135	350	\$37,368	\$277	\$107	3
Respite Care		T1005		15 Minutes	386	277,493	\$990,392	\$2,566	\$4	719
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	4	112	\$472	\$118	\$4	28
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	340	3,985	\$610,539	\$1,796	\$153	12
Targeted Case Management		T1017		15 minutes	1,461	21,201	\$2,407,458	\$1,648	\$114	15
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	397	128,863	\$6,875,009	\$17,317	\$53	325
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	9	1,827	\$9,874	\$1,097	\$5	203
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	816	\$2,388	\$2,388	\$3	816
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	347	2,206	\$178,652	\$515	\$81	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			1	0	\$7,858	\$7,858	\$0	0
<b>Total Population and Cost</b>					<b>1,846</b>		<b>\$55,768,897</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central 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	Days	3	70	\$55,430	\$18,477	\$792	23
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	24	270	\$132,951	\$5,540	\$492	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	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central 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 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			17	18	\$1,238	\$73	\$69	1
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	49	49	\$20,087	\$410	\$410	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	2	\$163	\$82	\$82	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	56	145	\$11,949	\$213	\$82	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	1	1	\$69	\$69	\$69	1
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	96	654	\$57,474	\$599	\$88	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	101	537	\$87,647	\$868	\$163	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	1	1	\$168	\$168	\$168	1
Assessment for Autism		90838	U5	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	18	37	\$5,538	\$308	\$150	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	39	245	\$36,432	\$934	\$149	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	8	52	\$3,488	\$436	\$67	7
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	11	400	\$45,328	\$4,121	\$113	36
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	\$174	\$174	\$174	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	1	60	\$10,364	\$10,364	\$173	60
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	\$25	\$25	\$25	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	8	\$1,863	\$233	\$233	1
Assessment for Autism		96101	U5	Hour	61	78	\$83,784	\$1,374	\$1,074	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	11	126	\$84,422	\$7,675	\$670	11
Physical Therapy		97001		Encounter	1	1	\$174	\$174	\$174	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	77	82	\$30,098	\$391	\$367	1
Occupational Therapy		97004		Encounter	2	2	\$493	\$246	\$246	1
Occupational or Physical Therapy		97110		15 Minutes	40	724	\$40,341	\$1,009	\$56	18
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	7	806	\$20,637	\$2,948	\$26	115
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	10	161	\$15,992	\$1,599	\$99	16
Occupational or Physical Therapy		97535		15 Minutes	45	366	\$36,398	\$809	\$99	8
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	14	92	\$9,298	\$664	\$101	7
Occupational or Physical Therapy		97750		15 Minutes	1	2	\$93	\$93	\$47	2
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	3	\$146	\$146	\$49	3
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	\$1,722	\$574	\$574	1
Assessment for Autism		99211	U5	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	39	54	\$7,843	\$201	\$145	1
Assessment for Autism		99212	U5	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	391	1,197	\$152,914	\$391	\$128	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	326	911	\$193,905	\$595	\$213	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	5	8	\$2,728	\$546	\$341	2
Assessment for Autism		99215	U5	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	1	1	\$104	\$104	\$104	1
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$280	\$140	\$140	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$98	\$98	\$98	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	41	\$1,651	\$826	\$40	21
Additional Codes-Physician Services		99232		25 minutes	2	7	\$516	\$258	\$74	4
Additional Codes-Physician Services		99233		35 Minutes	1	4	\$390	\$390	\$98	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**CMH for Central Michigan**

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	4	5	\$4,657	\$1,164	\$931	1
Activity Therapy (Children's Waiver)		G0176		Encounter	2	60	\$3,831	\$1,916	\$64	30
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	2	5	\$2,066	\$1,033	\$413	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
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	146	158	\$35,820	\$245	\$227	1
Assessment for Autism		H0031	U5	Encounter	70	107	\$75,695	\$1,081	\$707	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	234	234	\$141,757	\$606	\$606	1
Treatment Planning		H0032		Encounter	200	277	\$50,770	\$254	\$183	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	10	51	\$19,850	\$1,985	\$389	5
Substance Abuse: Pharmacological 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	15	905	\$63,151	\$4,210	\$70	60
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	120	\$7,502	\$1,875	\$63	30
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	3	194	\$17,499	\$5,833	\$90	65
Community Living Supports in Independent living/own home		H0043		Per diem	16	2,554	\$326,791	\$20,424	\$128	160
Respite		H0045		Days	2	25	\$1,432	\$716	\$57	13
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	11	14	\$5,160	\$469	\$369	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	11	17	\$5,169	\$470	\$304	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	34	175	\$19,485	\$573	\$111	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	16	806	\$41,408	\$2,588	\$51	50
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	575	1,303,447	\$2,742,460	\$4,769	\$2	2,267
Community Living Supports (15 Minutes)		H2015		15 Minutes	924	4,842,577	\$16,098,587	\$17,423	\$3	5,241
Community Living Supports (Daily)		H2016		Per Diem	444	128,439	\$11,346,676	\$25,556	\$88	289
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	37	22,017	\$170,791	\$4,616	\$8	595
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	31	30,704	\$286,759	\$9,250	\$9	990
Wraparound		H2021		15 Minutes	1	22	\$2,365	\$2,365	\$108	22
Supported Employment Services		H2023		15 minutes	322	473,864	\$1,196,969	\$3,717	\$3	1,472
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	12	17,349	\$125,174	\$10,431	\$7	1,446
Home Based Services		H2033		15 Minutes	1	64	\$3,551	\$3,551	\$55	64
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	49	5,406	\$395,931	\$8,080	\$73	110
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	7	54	\$7,353	\$1,050	\$136	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	16	133	\$23,994	\$1,500	\$180	8
BHT/ABA Family Training		S5111	U5	Encounter	10	14	\$6,341	\$634	\$453	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	13	\$1,782	\$446	\$137	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	121	1,211	\$1,365,102	\$11,282	\$1,127	10
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	\$57	\$57	\$57	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	1	2,460	\$86,453	\$86,453	\$35	2,460
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	1,932	\$57,699	\$57,699	\$30	1,932
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	5	16	\$9,025	\$1,805	\$564	3
Health Services		S9446		Encounter	4	48	\$11,217	\$2,804	\$234	12
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	2	64	\$1,002	\$501	\$16	32
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	\$4,282	\$1,427	\$1,427	1
Health Services		T1002		Up to 15 min	4	102	\$10,283	\$2,571	\$101	26
Respite Care		T1005		15 Minutes	202	218,696	\$576,087	\$2,852	\$3	1,083
Respite Care		T1005	TD	15 Minutes	1	2,454	\$23,749	\$23,749	\$10	2,454
Respite Care		T1005	TE	15 Minutes	1	3,238	\$26,583	\$26,583	\$8	3,238
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
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	1,033	33,672	\$2,447,208	\$2,369	\$73	33
Targeted Case Management		T1017		15 minutes	531	16,246	\$1,219,187	\$2,296	\$75	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	4	\$302	\$151	\$76	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	439	128,167	\$8,031,397	\$18,295	\$63	292
Assessments		T1023		Encounter	58	91	\$78,825	\$1,359	\$866	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	89	\$9,291	\$1,327	\$104	13
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	634	563,247	\$958,532	\$1,512	\$2	888
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	211	\$3,874	\$3,874	\$18	211
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	1	219	\$13,776	\$13,776	\$63	219
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	13	133	\$21,568	\$1,659	\$162	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	376	3,861	\$306,586	\$815	\$79	10
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	\$3,128	\$3,128	\$1,564	2
Enhanced Medical Equipment-Supplies		T2029		Items	3	174	\$7,350	\$2,450	\$42	58
Respite Care		T2036		Per session. One night = one session	26	170	\$24,499	\$942	\$144	7
Respite Care		T2037		Per session. One day/partial day = one session	9	137	\$4,629	\$514	\$34	15
Housing Assistance		T2038		Service	1	2	\$727	\$727	\$363	2
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$369	\$369	\$369	1
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	1	47	\$1,583	\$1,583	\$34	47
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
<b>Total Population and Cost</b>					<b>1,574</b>		<b>\$49,689,560</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	63	\$55,315	\$55,315	\$878	63
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	4	50	\$35,230	\$8,807	\$705	13
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	4	4	\$3,050	\$763	\$763	1
Assessment for Autism		90791	U5	Encounter	1	1	\$1,125	\$1,125	\$1,125	1
Assessment		90792		Encounter	3	3	\$3,194	\$1,065	\$1,065	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	14	34	\$4,706	\$336	\$138	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	7	23	\$5,057	\$722	\$220	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	15	78	\$23,168	\$1,545	\$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
Assessment for Autism		90838	U5	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	7	\$1,322	\$661	\$189	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
Therapy-Family Therapy		90847		Encounter	3	6	\$1,357	\$452	\$226	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	2	\$870	\$870	\$435	2
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	5	16	\$6,540	\$1,308	\$409	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	27	\$4,028	\$4,028	\$149	27
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	6	6	\$922	\$154	\$154	1
Occupational Therapy		97004		Encounter	3	3	\$477	\$159	\$159	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	2	85	\$9,020	\$4,510	\$106	43
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	4	90	\$4,585	\$1,146	\$51	23
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	4	236	\$27,895	\$6,974	\$118	59
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	\$1,708	\$569	\$213	3
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	51	253	\$67,948	\$1,332	\$269	5
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	6	18	\$6,715	\$1,119	\$373	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$504	\$504	\$504	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	2	6	\$2,392	\$1,196	\$399	3
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	6	\$2,773	\$2,773	\$462	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	1	1	\$278	\$278	\$278	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
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
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	27	29	\$8,389	\$311	\$289	1
Assessment for Autism		H0031	U5	Encounter	9	17	\$5,301	\$589	\$312	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	76	102	\$23,712	\$312	\$232	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	28	684	\$154,543	\$5,519	\$226	24
Substance Abuse: Pharmacological 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	607	\$55,856	\$27,928	\$92	304
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	6	1,095	\$11,563	\$1,927	\$11	183
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	2	992	\$70,640	\$35,320	\$71	496
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	6	60	\$6,826	\$1,138	\$114	10
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	5	14	\$1,084	\$217	\$77	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	8	65	\$6,050	\$756	\$93	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	82	178,012	\$760,788	\$9,278	\$4	2,171
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	19	67,646	\$288,172	\$15,167	\$4	3,560
Community Living Supports (15 Minutes)		H2015		15 Minutes	102	66,257	\$1,243,644	\$12,193	\$19	650
Community Living Supports (Daily)		H2016		Per Diem	79	22,436	\$3,777,549	\$47,817	\$168	284
Behavior Services		H2019		15 Minutes	7	3,896	\$200,060	\$28,580	\$51	557
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	2	\$121	\$121	\$61	2
Supported Employment Services		H2023		15 minutes	30	3,695	\$14,669	\$489	\$4	123
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	8	25,263	\$121,262	\$15,158	\$5	3,158
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	7	274	\$14,388	\$2,055	\$53	39
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	7	\$2,025	\$675	\$289	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	2	21	\$6,939	\$3,469	\$330	11
BHT/ABA Family Training		S5111	U5	Encounter	7	32	\$4,383	\$626	\$137	5
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	51	51	\$55,323	\$1,085	\$1,085	1
Health Services		T1002		Up to 15 min	91	776	\$330,343	\$3,630	\$426	9
Respite Care		T1005		15 Minutes	9	6,182	\$22,935	\$2,548	\$4	687
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
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	199	3,950	\$571,407	\$2,871	\$145	20
Targeted Case Management		T1017		15 minutes	7	232	\$37,391	\$5,342	\$161	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	74	21,576	\$464,747	\$6,280	\$22	292
Assessments		T1023		Encounter	5	6	\$9,973	\$1,995	\$1,662	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	48	504	\$7,706	\$161	\$15	11
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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
Out of Home Prevocational Service		T2015		Hour	7	3,095	\$59,238	\$8,463	\$19	442
Targeted Case Management (Children's Waiver)		T2023		Month	1	5	\$2,428	\$2,428	\$486	5
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	129	\$8,411	\$701	\$65	11
Enhanced Medical Equipment-Supplies		T2028		Items	7	25	\$1,248	\$178	\$50	4
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
<b>Total Population and Cost</b>					<b>238</b>		<b>\$8,619,293</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

<b>Detroit-Wayne</b>										
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	148	2,662	\$1,870,458	\$12,638	\$703	18
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	91	1,895	\$977,306	\$10,740	\$516	21
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	12	107	\$68,735	\$5,728	\$642	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	11	83	\$23,486	\$2,135	\$283	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	1	2	\$1,288	\$1,288	\$644	2
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	1	1	\$383	\$383	\$383	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Detroit-Wayne										
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	48	386	\$109,448	\$2,280	\$284	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	207	264	\$54,213	\$262	\$205	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	874	907	\$158,690	\$182	\$175	1
Assessment for Autism		90792	U5	Encounter	2	2	\$361	\$181	\$181	1
Mental Health: Outpatient Care		90832		30 Minutes	1,055	4,405	\$254,554	\$241	\$58	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,325	7,482	\$628,466	\$474	\$84	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	736	3,699	\$422,783	\$574	\$114	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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	3	\$360	\$120	\$120	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	377	1,341	\$146,370	\$388	\$109	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Detroit-Wayne</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1,072	6,132	\$638,930	\$596	\$104	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	2	\$40	\$40	\$20	2
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	163	1,037	\$48,633	\$298	\$47	6
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	111	127	\$8,356	\$75	\$66	1
Speech & Language Therapy		92507		Encounter	697	15,950	\$1,041,458	\$1,494	\$65	23
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	1	1	\$150	\$150	\$150	1
Speech & Language Therapy		92523		Encounter	574	671	\$96,511	\$168	\$144	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	376	394	\$41,002	\$109	\$104	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	934	4,544	\$390,353	\$418	\$86	5
Assessment for Autism		96101	U5	Hour	275	842	\$170,982	\$622	\$203	3
Psychological Testing by Technician		96102		Per Hour	12	22	\$1,376	\$115	\$63	2
Assessment for Autism		96102	U5	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	32	39	\$28,790	\$900	\$738	1
Assessments-Other		96111		Encounter	176	184	\$23,510	\$134	\$128	1
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	48	2,787	\$35,693	\$744	\$13	58
Physical Therapy		97001		Encounter	13	13	\$1,950	\$150	\$150	1
Physical Therapy		97002		Encounter	6	6	\$720	\$120	\$120	1
Occupational Therapy		97003		Encounter	592	625	\$97,707	\$165	\$156	1
Occupational Therapy		97004		Encounter	312	440	\$48,520	\$156	\$110	1
Occupational or Physical Therapy		97110		15 Minutes	721	50,162	\$1,021,234	\$1,416	\$20	70
Occupational or Physical Therapy		97112		15 Minutes	2	89	\$1,780	\$890	\$20	45
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	72	3,581	\$107,031	\$1,487	\$30	50
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	274	\$4,225	\$1,408	\$15	91
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
Prosthetic Training (Children's Waiver)		97761		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	10	60	\$2,165	\$217	\$36	6
Assessment or Health Services		97803		15 Minutes	17	487	\$15,023	\$884	\$31	29
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	14	21	\$1,000	\$71	\$48	2
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Detroit-Wayne</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
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	
Assessment for Autism		99203	U5	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	1	1	\$139	\$139	\$139	1	
Assessment for Autism		99204	U5	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	2	2	\$370	\$185	\$185	1	
Assessment for Autism		99205	U5	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	4	4	\$80	\$20	\$20	1	
Assessment for Autism		99211	U5	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	249	701	\$22,525	\$90	\$32	3	
Assessment for Autism		99212	U5	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	1,073	3,449	\$165,831	\$155	\$48	3	
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99214		Encounter	892	3,233	\$257,593	\$289	\$80	4	
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99215		Encounter	163	210	\$26,236	\$161	\$125	1	
Assessment for Autism		99215	U5	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	
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	

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	21	91	\$11,171	\$532	\$123	4
Nursing Facility Services evaluation and management		99309		25 minutes	49	141	\$22,384	\$457	\$159	3
Nursing Facility Services evaluation and management		99310		35 Minutes	26	39	\$5,540	\$213	\$142	2
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	2	\$160	\$160	\$80	2
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	1	1	\$110	\$110	\$110	1
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Detroit-Wayne										
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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	6	\$188	\$188	\$31	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	325	10,763	\$293,180	\$902	\$27	33
Transportation		A0130		Per one-way trip	2	445	\$10,960	\$5,480	\$25	223
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	159	210	\$142,304	\$895	\$678	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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	1,163	1,397	\$238,453	\$205	\$171	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	2	14	\$5,250	\$2,625	\$375	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
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	4,347	5,271	\$743,412	\$171	\$141	1
Assessment for Autism		H0031	U5	Encounter	768	1,325	\$714,415	\$930	\$539	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	1,653	1,660	\$889,974	\$538	\$536	1
Treatment Planning		H0032		Encounter	3,448	7,040	\$1,105,464	\$321	\$157	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,139	2,990	\$322,317	\$283	\$108	3
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	7	278	\$7,670	\$1,096	\$28	40
Home Based Services		H0036		15 Minutes	121	17,279	\$748,713	\$6,188	\$43	143
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	9	120	\$3,773	\$419	\$31	13
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	1,455	453,657	\$85,353,132	\$58,662	\$188	312
Respite		H0045		Days	21	284	\$48,963	\$2,332	\$172	14
Peer Directed and Operated Support Services		H0046		Encounter	159	1,852	\$42,410	\$267	\$23	12
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	824	1,073	\$210,667	\$256	\$196	1

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1,071	2,945	\$202,585	\$189	\$69	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	96	712	\$111,687	\$1,163	\$157	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	2,704	7,547,775	\$22,458,172	\$8,306	\$3	2,791
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	673	1,486,228	\$4,711,051	\$7,000	\$3	2,208
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,546	7,320,864	\$28,071,791	\$18,158	\$4	4,735
Community Living Supports (Daily)		H2016		Per Diem	1,153	364,724	\$42,947,777	\$37,249	\$118	316
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABD).		H2019	U5	15 Minutes	550	857,245	\$11,692,510	\$21,259	\$14	1,559
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	50	\$4,911	\$4,911	\$98	50
Supported Employment Services		H2023		15 minutes	1,083	1,250,881	\$6,703,287	\$6,190	\$5	1,155
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	9	17,660	\$44,150	\$4,906	\$3	1,962
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	489	1,191,291	\$590,420	\$1,207	\$0	2,436
Transportation		S0215		Per Mile	441	1,520,285	\$381,722	\$866	\$0	3,447
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	540	80,254	\$2,644,933	\$4,898	\$33	149
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	473	3,394	\$204,500	\$432	\$60	7
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	369	2,461	\$333,106	\$903	\$135	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	9	9	\$540	\$60	\$60	1
Foster Care		S5140		Days	3	1,086	\$336,402	\$112,134	\$310	362
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	15	16	\$53,263	\$3,551	\$3,329	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	7	18,694	\$905,834	\$129,405	\$48	2,671
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	5	11,012	\$384,224	\$76,845	\$35	2,202
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1,427	3,500	\$192,008	\$135	\$55	2
Health Services		S9446		Encounter	14	62	\$806	\$58	\$13	4
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	119	354	\$265,957	\$2,235	\$751	3
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	1	7,703	\$59,903	\$59,903	\$8	7,703
Private Duty Nursing		T1000	TE	Up to 15 min	3	46,007	\$323,353	\$107,784	\$7	15,336
Assessment		T1001		Encounter	905	945	\$96,245	\$106	\$102	1
Health Services		T1002		Up to 15 min	174	430	\$8,068	\$46	\$19	2
Respite Care		T1005		15 Minutes	1,137	1,088,064	\$3,734,039	\$3,284	\$3	957
Respite Care		T1005	TD	15 Minutes	3	2,447	\$29,402	\$9,801	\$12	816
Respite Care		T1005	TE	15 Minutes	8	38,250	\$352,303	\$44,038	\$9	4,781
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
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	9,592	248,961	\$23,656,390	\$2,466	\$95	26
Targeted Case Management		T1017		15 minutes	313	2,174	\$196,339	\$627	\$90	7
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	45	186	\$11,133	\$247	\$60	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,147	329,353	\$13,395,217	\$11,678	\$41	287
Assessments		T1023		Encounter	192	442	\$322,075	\$1,677	\$729	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	28	\$2,191	\$438	\$78	6
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	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	8	11	\$1,460	\$182	\$133	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
Out of Home Prevocational Service		T2015		Hour	55	41,491	\$332,612	\$6,047	\$8	754
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1,692	16,875	\$2,005,322	\$1,185	\$119	10
Enhanced Medical Equipment-Supplies		T2028		Items	3	3	\$1,152	\$384	\$384	1
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	\$50	\$50	\$50	1
Respite Care		T2036		Per session. One night = one session	164	1,565	\$166,651	\$1,016	\$106	10
Respite Care		T2037		Per session. One day/partial day = one session	28	665	\$23,715	\$847	\$36	24
Housing Assistance		T2038		Service	466	3,058	\$1,183,475	\$2,540	\$387	7
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$11,300	\$11,300	\$11,300	1
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
<b>Total Population and Cost</b>					<b>10,374</b>		<b>\$269,091,452</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	234	\$149,861	\$7,887	\$640	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	7	97	\$17,239	\$2,463	\$178	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	26	264	\$187,975	\$7,230	\$712	10
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	7	68	\$4,331	\$619	\$64	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	4	27	\$8,006	\$2,002	\$297	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			104	335	\$29,112	\$280	\$87	3
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	54	54	\$23,530	\$436	\$436	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	75	76	\$23,423	\$312	\$308	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	55	148	\$30,927	\$562	\$209	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	116	482	\$49,490	\$427	\$103	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	132	646	\$92,581	\$701	\$143	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
Assessment for Autism		90838	U5	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	33	58	\$35,873	\$1,087	\$619	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	37	91	\$61,968	\$1,675	\$681	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	0	0	\$0	\$0	\$0	0
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	1	1	\$28	\$28	\$28	1
Speech & Language Therapy		92523		Encounter	8	8	\$851	\$106	\$106	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	33	47	\$17,503	\$530	\$372	1
Assessment for Autism		96101	U5	Hour	143	544	\$103,178	\$722	\$190	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	67	685	\$99,259	\$1,481	\$145	10
Physical Therapy		97001		Encounter	18	18	\$6,072	\$337	\$337	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	53	53	\$18,693	\$353	\$353	1
Occupational Therapy		97004		Encounter	14	14	\$5,324	\$380	\$380	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
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
Prosthetic Training (Children's Waiver)		97761		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	37	123	\$46,955	\$1,269	\$382	3
Assessment or Health Services		97803		15 Minutes	52	146	\$55,802	\$1,073	\$382	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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$84	\$84	\$84	1
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	12	29	\$21,836	\$1,820	\$753	2
Assessment for Autism		99211	U5	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	29	43	\$1,830	\$63	\$43	1
Assessment for Autism		99212	U5	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	513	1,381	\$446,369	\$870	\$323	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	488	1,489	\$645,346	\$1,322	\$433	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	61	\$26,444	\$645	\$434	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	1	1	\$268	\$268	\$268	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Genesee 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	2	3	\$820	\$410	\$273	2
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	6	8	\$450	\$75	\$56	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	9	\$451	\$451	\$50	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	15	197	\$61,238	\$4,083	\$311	13
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
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	396	416	\$101,644	\$257	\$244	1
Assessment for Autism		H0031	U5	Encounter	58	116	\$13,925	\$240	\$120	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	474	474	\$80,260	\$169	\$169	1
Treatment Planning		H0032		Encounter	422	853	\$342,824	\$812	\$402	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	599	4,809	\$1,795,978	\$2,998	\$373	8
Substance Abuse: Pharmacological 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	714	\$56,436	\$8,062	\$79	102
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	62	369	\$43,531	\$702	\$118	6
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	1	246	\$50,536	\$50,536	\$205	246
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2	2	\$43	\$21	\$21	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	11	72	\$14,357	\$1,305	\$199	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	572	1,704,135	\$4,832,862	\$8,449	\$3	2,979
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	299	980,827	\$3,365,113	\$11,255	\$3	3,280
Community Living Supports (15 Minutes)		H2015		15 Minutes	201	430,668	\$1,728,487	\$8,599	\$4	2,143
Community Living Supports (Daily)		H2016		Per Diem	475	155,890	\$11,976,527	\$25,214	\$77	328
Behavior Services		H2019		15 Minutes	4	240	\$14,958	\$3,739	\$62	60
Behavior Services		H2019	TT	15 Minutes	61	10,847	\$532,119	\$8,723	\$49	178
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	63	57,297	\$2,793,750	\$44,345	\$49	909
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	210	\$49,449	\$16,483	\$235	70
Supported Employment Services		H2023		15 minutes	198	145,641	\$945,913	\$4,777	\$6	736
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	7	7,454	\$47,658	\$6,808	\$6	1,065
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	62	8,343	\$138,816	\$2,239	\$17	135
Family Training - EBP		S5110		15 Minutes	1	20	\$701	\$701	\$35	20
Family Training		S5111		Encounter	61	102	\$46,887	\$769	\$460	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	8	\$1,067	\$213	\$133	2
BHT/ABA Family Training		S5111	U5	Encounter	32	116	\$15,473	\$484	\$133	4
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	2	2	\$6,825	\$3,412	\$3,412	1
Enhanced Medical Equipment-Supplies		S5199		Items	5	6	\$2,029	\$406	\$338	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	1	389	\$12,586	\$12,586	\$32	389
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	4	8,928	\$245,421	\$61,355	\$27	2,232
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	169	273	\$78,369	\$464	\$287	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	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	21	212	\$33,491	\$1,595	\$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	227	255	\$45,241	\$199	\$177	1
Health Services		T1002		Up to 15 min	311	4,204	\$582,822	\$1,874	\$139	14
Respite Care		T1005		15 Minutes	497	599,149	\$2,142,071	\$4,310	\$4	1,206
Respite Care		T1005	TD	15 Minutes	2	762	\$2,762	\$1,381	\$4	381
Respite Care		T1005	TE	15 Minutes	11	17,947	\$105,248	\$9,568	\$6	1,632
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	14	8,855	\$23,855	\$1,704	\$3	633
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	1,391	58,043	\$4,285,022	\$3,081	\$74	42
Targeted Case Management		T1017		15 minutes	716	33,543	\$2,505,931	\$3,500	\$75	47
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	107	\$10,324	\$3,441	\$96	36
Personal Care in Licensed Specialized Residential Setting		T1020		Days	466	152,887	\$10,784,255	\$23,142	\$71	328
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	34	502	\$613	\$18	\$1	15
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	197	\$2,590	\$2,590	\$13	197
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	679	228,067	\$2,807,954	\$4,135	\$12	336
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	5	23	\$27,432	\$5,486	\$1,193	5
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	27	295	\$32,005	\$1,185	\$108	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	11	14	\$6,714	\$610	\$480	1
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	7	\$4,209	\$4,209	\$601	7
Enhanced Medical Equipment-Supplies		T2039		Items	3	4	\$32,026	\$10,675	\$8,007	1
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
<b>Total Population and Cost</b>					<b>1,922</b>		<b>\$55,042,225</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$895	\$895	\$895	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	9	9	\$6,483	\$720	\$720	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1	2	\$468	\$468	\$234	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	1	2	\$622	\$622	\$311	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	\$0	\$0	\$0	0
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	21	\$2,267	\$453	\$108	4
Assessment for Autism		96101	U5	Hour	1	6	\$504	\$504	\$84	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	30	\$3,225	\$1,613	\$108	15
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	6	7	\$1,082	\$180	\$155	1
Occupational Therapy		97004		Encounter	13	13	\$1,559	\$120	\$120	1
Occupational or Physical Therapy		97110		15 Minutes	2	15	\$760	\$380	\$51	8
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	2	30	\$1,520	\$760	\$51	15
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
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	4	\$203	\$203	\$51	4
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	4	\$253	\$253	\$63	4
Assessment or Health Services		97803		15 Minutes	1	2	\$130	\$130	\$65	2
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	25	\$3,136	\$1,568	\$125	13
Assessment for Autism		99211	U5	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	14	54	\$10,101	\$721	\$187	4
Assessment for Autism		99212	U5	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	19	36	\$9,809	\$516	\$272	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	36	188	\$62,997	\$1,750	\$335	5
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	7	12	\$5,816	\$831	\$485	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	3	\$596	\$596	\$199	3
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	2	2	\$905	\$452	\$452	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	11	237	\$28,466	\$2,588	\$120	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	29	29	\$13,396	\$462	\$462	1
Assessment for Autism		H0031	U5	Encounter	7	10	\$4,619	\$660	\$462	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	32	32	\$14,782	\$462	\$462	1
Treatment Planning		H0032		Encounter	54	98	\$21,658	\$401	\$221	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	2	\$442	\$442	\$221	2
Substance Abuse: Pharmacological 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	10	1,069	\$65,327	\$6,533	\$61	107
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	157	\$3,983	\$3,983	\$25	157
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	2	138	\$10,266	\$5,133	\$74	69
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	4	26	\$1,037	\$259	\$40	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	7	24	\$11,734	\$1,676	\$489	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	9	39	\$9,076	\$1,008	\$233	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	13	83	\$2,373	\$183	\$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	35	91,331	\$289,904	\$8,283	\$3	2,609
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	60	21,999	\$369,015	\$6,150	\$17	367
Community Living Supports (Daily)		H2016		Per Diem	27	9,629	\$760,980	\$28,184	\$79	357
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	4	1,066	\$26,971	\$6,743	\$25	267
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1	179	\$4,529	\$4,529	\$25	179
Wraparound		H2021		15 Minutes	3	248	\$15,111	\$5,037	\$61	83
Supported Employment Services		H2023		15 minutes	14	949	\$35,009	\$2,501	\$37	68
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	4	136	\$16,237	\$4,059	\$119	34
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	7	\$2,085	\$695	\$298	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	65	\$19,364	\$3,873	\$298	13
BHT/ABA Family Training		S5111	U5	Encounter	5	13	\$3,873	\$775	\$298	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	3	\$825	\$825	\$275	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	4	\$6,066	\$6,066	\$1,516	4
Enhanced Medical Equipment-Supplies		S5199		Items	2	4	\$409	\$205	\$102	2
Occupational or Physical Therapy		S8990		Encounter	4	166	\$22,296	\$5,574	\$134	42
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	27	\$5,768	\$222	\$214	1
Health Services		T1002		Up to 15 min	2	8	\$607	\$303	\$76	4
Respite Care		T1005		15 Minutes	13	14,954	\$56,312	\$4,332	\$4	1,150
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
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	96	4,379	\$277,103	\$2,886	\$63	46
Targeted Case Management		T1017		15 minutes	22	705	\$44,549	\$2,025	\$63	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	9,629	\$1,183,789	\$43,844	\$123	357
Assessments		T1023		Encounter	2	2	\$733	\$366	\$366	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	4	84	\$4,486	\$1,122	\$53	21
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	5	2,935	\$30,289	\$6,058	\$10	587
Targeted Case Management (Children's Waiver)		T2023		Month	3	23	\$16,057	\$5,352	\$698	8
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	18	172	\$5,397	\$300	\$31	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	2	7	\$314	\$157	\$45	4
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			2	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>128</b>		<b>\$3,498,565</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	6	6	\$2,005	\$334	\$334	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	6	81	\$12,361	\$2,060	\$153	14
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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	8	20	\$3,872	\$484	\$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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	3	\$498	\$166	\$166	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	\$0	\$0	\$0	0
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	8	\$1,120	\$187	\$140	1
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	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	20	21	\$2,164	\$108	\$103	1
Occupational Therapy		97004		Encounter	3	3	\$215	\$72	\$72	1
Occupational or Physical Therapy		97110		15 Minutes	1	6	\$149	\$149	\$25	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	1	\$26	\$26	\$26	1
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	7	29	\$727	\$104	\$25	4
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
Prosthetic Training (Children's Waiver)		97761		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	7	42	\$1,396	\$199	\$33	6
Assessment or Health Services		97803		15 Minutes	9	88	\$2,481	\$276	\$28	10
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	37	40	\$20,005	\$541	\$500	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	39	180	\$35,229	\$903	\$196	5
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$207	\$207	\$207	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Gratiot										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	20	50	\$15,590	\$780	\$312	3
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	5	5	\$830	\$166	\$166	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	23	144	\$15,667	\$681	\$109	6
Substance Abuse: Pharmacological 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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	9	51	\$10,751	\$1,195	\$211	6
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	18	\$1,094	\$365	\$61	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	31	19,873	\$338,634	\$10,924	\$17	641
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	10	17,481	\$235,692	\$23,569	\$13	1,748
Community Living Supports (15 Minutes)		H2015		15 Minutes	84	104,630	\$453,966	\$5,404	\$4	1,246
Community Living Supports (Daily)		H2016		Per Diem	52	15,244	\$2,402,021	\$46,193	\$158	293
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	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
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	\$159	\$80	\$80	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$152	\$152	\$152	1
Health Services		T1002		Up to 15 min	72	121	\$5,784	\$80	\$48	2
Respite Care		T1005		15 Minutes	42	42,928	\$896,008	\$21,334	\$21	1,022
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
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	74	7,308	\$476,536	\$6,440	\$65	99
Targeted Case Management		T1017		15 minutes	56	1,161	\$77,745	\$1,388	\$67	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	52	15,792	\$415,719	\$7,995	\$26	304
Assessments		T1023		Encounter	11	12	\$1,016	\$92	\$85	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	40	338	\$15,121	\$378	\$45	8
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Gratiot</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	51	244	\$34,828	\$683	\$143	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	\$1,848	\$924	\$924	1
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
<b>Total Population and Cost</b>					<b>387</b>		<b>\$5,481,616</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	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	4	36	\$27,861	\$6,965	\$774	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Hiawatha										
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
Assessment for Autism		90785	U5		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	\$834	\$834	\$834	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$997	\$997	\$997	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	17	31	\$2,976	\$175	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	29	161	\$24,654	\$850	\$153	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	22	67	\$13,355	\$607	\$199	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	13	\$2,218	\$2,218	\$171	13
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	7	\$1,597	\$1,597	\$228	7
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	2	13	\$5,474	\$2,737	\$421	7
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	3	3	\$788	\$263	\$263	1
Speech & Language Therapy		92523		Encounter	4	4	\$1,493	\$373	\$373	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	34	\$4,653	\$582	\$137	4
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	3	19	\$456	\$152	\$24	6
Physical Therapy		97001		Encounter	3	3	\$1,244	\$415	\$415	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	16	17	\$6,469	\$404	\$381	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	113	\$14,057	\$3,514	\$124	28
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	5	38	\$4,976	\$995	\$131	8
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	3	3	\$1,928	\$643	\$643	1
Assessment for Autism		99204	U5	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	11	12	\$11,379	\$1,034	\$948	1
Assessment for Autism		99205	U5	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	1	1	\$185	\$185	\$185	1
Assessment for Autism		99211	U5	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	\$185	\$185	\$185	1
Assessment for Autism		99212	U5	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	80	256	\$53,652	\$671	\$210	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	90	268	\$94,352	\$1,048	\$352	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	15	17	\$8,588	\$573	\$505	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Hiawatha										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	4	10	\$1,279	\$320	\$128	3
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	41	44	\$9,826	\$240	\$223	1
Assessment for Autism		H0031	U5	Encounter	12	23	\$10,149	\$846	\$441	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	47	47	\$11,107	\$236	\$236	1
Treatment Planning		H0032		Encounter	39	57	\$6,154	\$158	\$108	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	29	111	\$12,011	\$414	\$108	4
Substance Abuse: Pharmacological 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	6	1,273	\$95,360	\$15,893	\$75	212
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	100	\$3,001	\$1,501	\$30	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	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	1	366	\$135,110	\$135,110	\$369	366
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	28	\$731	\$73	\$26	3

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	40	\$3,981	\$498	\$100	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	16	73	\$6,171	\$386	\$85	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	55	56,825	\$227,638	\$4,139	\$4	1,033
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	128	154,545	\$1,290,347	\$10,081	\$8	1,207
Community Living Supports (Daily)		H2016		Per Diem	122	25,589	\$2,507,722	\$20,555	\$98	210
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	6	3,561	\$124,764	\$20,794	\$35	594
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	8	2,152	\$8,613	\$1,077	\$4	269
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	6	462	\$39,697	\$6,616	\$86	77
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	7	31	\$10,004	\$1,429	\$323	4
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	4	13	\$2,109	\$527	\$162	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	17	\$3,992	\$665	\$235	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	2	24	\$4,921	\$2,461	\$205	12
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	2	\$241	\$241	\$121	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	13	13	\$16,343	\$1,257	\$1,257	1
Health Services		T1002		Up to 15 min	3	13	\$4,375	\$1,458	\$337	4
Respite Care		T1005		15 Minutes	46	17,661	\$49,964	\$1,086	\$3	384
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
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	268	3,670	\$511,665	\$1,909	\$139	14
Targeted Case Management		T1017		15 minutes	11	162	\$22,568	\$2,052	\$139	15
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	98	23,321	\$2,283,359	\$23,300	\$98	238
Assessments		T1023		Encounter	9	16	\$9,310	\$1,034	\$582	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	6	\$142	\$71	\$24	3
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	9	89	\$34,002	\$3,778	\$382	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	5	60	\$19,500	\$3,900	\$325	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	11	\$6,495	\$3,248	\$590	6
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	1	1	\$19	\$19	\$19	1
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for J Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>308</b>		<b>\$7,757,041</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	8	\$5,760	\$5,760	\$720	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$3,564	\$1,188	\$1,188	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	9	17	\$1,683	\$187	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	19	123	\$18,450	\$971	\$150	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	5	6	\$1,158	\$232	\$193	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	5	41	\$11,398	\$2,280	\$278	8
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	27	46	\$7,875	\$292	\$171	2
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	3	15	\$3,123	\$1,041	\$208	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Huron Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	1	3	\$563	\$563	\$188	3
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	75	328	\$106,545	\$1,421	\$325	4
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	3	3	\$1,555	\$518	\$518	1
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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	1	1	\$27	\$27	\$27	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
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	\$23	\$23	\$8	3
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	2	\$620	\$620	\$310	2
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
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	68	69	\$14,829	\$218	\$215	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	29	29	\$10,150	\$350	\$350	1
Treatment Planning		H0032		Encounter	28	32	\$6,262	\$224	\$196	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	3	\$336	\$168	\$112	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	4	\$1,032	\$344	\$258	1
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	2	69	\$3,368	\$1,684	\$49	35
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	2	1,151	\$67,909	\$33,955	\$59	576
Community Living Supports in Independent living/own home		H0043		Per diem	9	2,542	\$348,434	\$38,715	\$137	282
Respite		H0045		Days	5	34	\$4,862	\$972	\$143	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	22	76	\$8,588	\$390	\$113	3

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	16	130	\$9,530	\$596	\$73	8
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	8	20	\$1,120	\$140	\$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	15	7,627	\$32,376	\$2,158	\$4	508
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	92	172,207	\$923,336	\$10,036	\$5	1,872
Community Living Supports (Daily)		H2016		Per Diem	24	8,385	\$708,445	\$29,519	\$84	349
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	64	101,418	\$627,318	\$9,802	\$6	1,585
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	2	2	\$748	\$374	\$374	1
Health Services		T1002		Up to 15 min	2	34	\$7,344	\$3,672	\$216	17
Respite Care		T1005		15 Minutes	8	6,406	\$16,780	\$2,097	\$3	801
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
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	133	4,756	\$220,888	\$1,661	\$46	36
Targeted Case Management		T1017		15 minutes	38	1,813	\$94,272	\$2,481	\$52	48
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	24	\$1,344	\$672	\$56	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	24	8,356	\$450,243	\$18,760	\$54	348
Assessments		T1023		Encounter	6	12	\$4,332	\$722	\$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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Huron</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	43	405	\$38,420	\$893	\$95	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
<b>Total Population and Cost</b>					<b>189</b>		<b>\$3,764,609</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	11	13	\$9,734	\$885	\$749	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	1	1	\$48	\$48	\$48	1
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1	1	\$97	\$97	\$97	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	3	6	\$870	\$290	\$145	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	6	\$944	\$944	\$157	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	5	30	\$1,180	\$236	\$39	6
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	3	12	\$944	\$315	\$79	4
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	4	6	\$1,248	\$312	\$208	2
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	26	\$6,491	\$811	\$250	3
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	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	10	12	\$2,310	\$231	\$192	1
Occupational Therapy		97004		Encounter	5	9	\$1,568	\$314	\$174	2
Occupational or Physical Therapy		97110		15 Minutes	4	10	\$1,368	\$342	\$137	3
Occupational or Physical Therapy		97112		15 Minutes	2	10	\$1,012	\$506	\$101	5
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	2	16	\$1,493	\$746	\$93	8
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	16	\$584	\$584	\$37	16
Occupational or Physical Therapy		97535		15 Minutes	13	111	\$14,487	\$1,114	\$131	9
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	21	\$8,355	\$522	\$398	1
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	21	33	\$9,235	\$440	\$280	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	66	288	\$80,880	\$1,225	\$281	4
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	13	21	\$5,877	\$452	\$280	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	4	7	\$976	\$244	\$139	2
Activity Therapy (Children's Waiver)		G0176		Encounter	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	18	19	\$4,911	\$273	\$258	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	16	47	\$11,621	\$726	\$247	3
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	14	15	\$2,704	\$193	\$180	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	281	\$22,107	\$5,527	\$79	70
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	1,480	\$44,111	\$6,302	\$30	211
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	70	\$25,648	\$3,206	\$366	9
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
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	6	1,711	\$14,096	\$2,349	\$8	285
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	70	227,645	\$953,144	\$13,616	\$4	3,252
Community Living Supports (Daily)		H2016		Per Diem	30	9,426	\$1,622,875	\$54,096	\$172	314
Behavior Services		H2019		15 Minutes	4	12,019	\$285,719	\$71,430	\$24	3,005
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	9	1,369	\$18,201	\$2,022	\$13	152
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	1,300	\$12,419	\$12,419	\$10	1,300
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	6	1,878	\$88,398	\$14,733	\$47	313
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	20	315	\$101,711	\$5,086	\$323	16
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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	2	\$67	\$67	\$34	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$450	\$450	\$450	1
Health Services		T1002		Up to 15 min	16	32	\$2,248	\$140	\$70	2
Respite Care		T1005		15 Minutes	39	37,290	\$134,994	\$3,461	\$4	956
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
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	135	7,028	\$650,000	\$4,815	\$92	52
Targeted Case Management		T1017		15 minutes	43	1,496	\$136,535	\$3,175	\$91	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	26	8,428	\$566,911	\$21,804	\$67	324
Assessments		T1023		Encounter	5	7	\$2,203	\$441	\$315	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	50	553	\$63,023	\$1,260	\$114	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	4	24	\$3,426	\$856	\$143	6
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
<b>Total Population and Cost</b>					<b>376</b>		<b>\$4,917,380</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	39	\$32,612	\$16,306	\$836	20
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	12	\$11,437	\$11,437	\$953	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	5	46	\$37,460	\$7,492	\$814	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	7	46	\$3,499	\$500	\$76	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	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	1	6	\$2,522	\$2,522	\$420	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	10	10	\$3,970	\$397	\$397	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	34	34	\$38,990	\$1,147	\$1,147	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	3	4	\$164	\$55	\$41	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	11	95	\$7,705	\$700	\$81	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	6	12	\$827	\$138	\$69	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
Assessment for Autism		90838	U5	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	7	30	\$17,371	\$2,482	\$579	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	5	16	\$4,792	\$958	\$299	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
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	5	\$209	\$105	\$42	3
Physical Therapy		97001		Encounter	1	1	\$131	\$131	\$131	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	3	3	\$355	\$118	\$118	1
Occupational Therapy		97004		Encounter	3	4	\$271	\$90	\$68	1
Occupational or Physical Therapy		97110		15 Minutes	7	286	\$5,571	\$796	\$19	41
Occupational or Physical Therapy		97112		15 Minutes	5	118	\$2,134	\$427	\$18	24
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	3	186	\$3,914	\$1,305	\$21	62
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
Prosthetic Training (Children's Waiver)		97761		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	2	\$328	\$328	\$164	2
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$466	\$466	\$466	1
Assessment for Autism		99203	U5	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	1	1	\$664	\$664	\$664	1
Assessment for Autism		99204	U5	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	3	3	\$2,587	\$862	\$862	1
Assessment for Autism		99205	U5	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	265	\$22,363	\$745	\$84	9
Assessment for Autism		99211	U5	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	80	114	\$15,494	\$194	\$136	1
Assessment for Autism		99212	U5	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	296	\$73,950	\$391	\$250	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	230	476	\$169,111	\$735	\$355	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	132	330	\$212,513	\$1,610	\$644	3
Assessment for Autism		99215	U5	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	5	5	\$408	\$82	\$82	1
Additional Codes-Physician Services		99222		50 Minutes	3	4	\$398	\$133	\$100	1
Additional Codes-Physician Services		99223		70 Minutes	1	2	\$199	\$199	\$100	2
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	64	\$2,170	\$167	\$34	5
Additional Codes-Physician Services		99232		25 minutes	12	35	\$1,236	\$103	\$35	3
Additional Codes-Physician Services		99233		35 Minutes	9	18	\$1,010	\$112	\$56	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	1	\$445	\$445	\$445	1
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	75	\$18,695	\$623	\$249	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	68	\$30,179	\$7,545	\$444	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
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	22	46	\$13,282	\$604	\$289	2
Assessment		H0031		Encounter	99	146	\$39,329	\$397	\$269	1
Assessment for Autism		H0031	U5	Encounter	27	52	\$36,251	\$1,343	\$697	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	213	213	\$134,434	\$631	\$631	1
Treatment Planning		H0032		Encounter	125	268	\$86,331	\$691	\$322	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	34	68	\$41,803	\$1,229	\$615	2
Substance Abuse: Pharmacological 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	27	2,044	\$120,933	\$4,479	\$59	76
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	260	\$45,276	\$9,055	\$174	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	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	8	1,613	\$35,598	\$4,450	\$22	202
Community Living Supports in Independent living/own home		H0043		Per diem	99	31,708	\$6,474,164	\$65,396	\$204	320
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	2	33	\$3,857	\$1,928	\$117	17
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	60	195	\$4,089	\$68	\$21	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	40	390	\$192,295	\$4,807	\$493	10
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	38	369	\$10,690	\$281	\$29	10
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	119	324,970	\$1,141,168	\$9,590	\$4	2,731
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	108	386,451	\$1,650,239	\$15,280	\$4	3,578
Community Living Supports (15 Minutes)		H2015		15 Minutes	263	689,521	\$2,780,374	\$10,572	\$4	2,622
Community Living Supports (Daily)		H2016		Per Diem	218	70,174	\$8,355,558	\$38,328	\$119	322
Behavior Services		H2019		15 Minutes	13	1,409	\$36,592	\$2,815	\$26	108
Behavior Services		H2019	TT	15 Minutes	5	522	\$3,586	\$717	\$7	104
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	18	39,429	\$855,631	\$47,535	\$22	2,191
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	17	1,252	\$104,956	\$6,174	\$84	74
Supported Employment Services		H2023		15 minutes	60	36,096	\$220,287	\$3,671	\$6	602
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	14	27,343	\$134,644	\$9,617	\$5	1,953
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	18	3,673	\$177,573	\$9,865	\$48	204
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	2	12	\$1,147	\$574	\$96	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	28	739	\$71,236	\$2,544	\$96	26
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	2	22	\$984	\$492	\$45	11
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	2	\$185	\$185	\$93	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	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	1	10,768	\$83,129	\$83,129	\$8	10,768
Private Duty Nursing		T1000	TE	Up to 15 min	1	1,948	\$12,790	\$12,790	\$7	1,948
Assessment		T1001		Encounter	62	68	\$28,153	\$454	\$414	1
Health Services		T1002		Up to 15 min	79	910	\$72,145	\$913	\$79	12
Respite Care		T1005		15 Minutes	202	162,448	\$370,474	\$1,834	\$2	804
Respite Care		T1005	TD	15 Minutes	1	144	\$1,188	\$1,188	\$8	144
Respite Care		T1005	TE	15 Minutes	1	306	\$2,145	\$2,145	\$7	306
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	4	2,242	\$8,903	\$2,226	\$4	561
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	744	32,144	\$2,960,074	\$3,979	\$92	43
Targeted Case Management		T1017		15 minutes	47	1,152	\$39,072	\$831	\$34	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	126	\$2,781	\$556	\$22	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	216	68,965	\$5,373,047	\$24,875	\$78	319
Assessments		T1023		Encounter	9	12	\$5,587	\$621	\$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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	102	1,051	\$112,761	\$1,105	\$107	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	2	597	\$337	\$169	\$1	299
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
<b>Total Population and Cost</b>					<b>952</b>		<b>\$32,571,228</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	7	\$4,665	\$4,665	\$666	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	3	9	\$5,798	\$1,933	\$644	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Lapeer										
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	4	28	\$7,420	\$1,855	\$265	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
Assessment for Autism		90785	U5		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	\$1,366	\$455	\$455	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	25	25	\$11,120	\$445	\$445	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	13	37	\$2,450	\$188	\$66	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	21	246	\$27,740	\$1,321	\$113	12
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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	8	25	\$3,826	\$478	\$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
Assessment for Autism		90838	U5	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	3	\$517	\$172	\$172	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	6	13	\$1,529	\$255	\$118	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	4	10	\$243	\$61	\$24	3
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Lapeer										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	4	43	\$1,598	\$400	\$37	11
Physical Therapy		97001		Encounter	3	3	\$448	\$149	\$149	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	7	7	\$4,444	\$635	\$635	1
Occupational Therapy		97004		Encounter	1	1	\$12	\$12	\$12	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	6	13	\$406	\$68	\$31	2
Assessment for Autism		99212	U5	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	113	248	\$28,917	\$256	\$117	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	142	509	\$98,584	\$694	\$194	4
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	56	81	\$21,019	\$375	\$259	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Lapeer</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0	

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

<b>Lapeer</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	162	172	\$33,268	\$205	\$193	1
Assessment for Autism		H0031	U5	Encounter	33	52	\$6,742	\$204	\$130	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	36	63	\$9,378	\$261	\$149	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	14	78	\$10,808	\$772	\$139	6
Substance Abuse: Pharmacological 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	98	\$5,654	\$2,827	\$58	49
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	267	\$10,661	\$1,523	\$40	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			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	51	\$2,116	\$2,116	\$41	51
Community Living Supports in Independent living/own home		H0043		Per diem	33	10,215	\$472,228	\$14,310	\$46	310
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	24	51	\$10,503	\$438	\$206	2
Crisis Intervention		H2011		15 Minutes	3	5	\$352	\$117	\$70	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	0	729,312	\$3,490,333	\$0	\$5	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	78	150,972	\$699,479	\$8,968	\$5	1,936
Community Living Supports (Daily)		H2016		Per Diem	85	27,688	\$3,858,278	\$45,392	\$139	326
Behavior Services		H2019		15 Minutes	4	415	\$15,494	\$3,873	\$37	104
Behavior Services		H2019	TT	15 Minutes	2	681	\$25,440	\$12,720	\$37	341
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	24	41,779	\$589,093	\$24,546	\$14	1,741
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	34	633	\$1,885	\$55	\$3	19
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	6	13,106	\$78,897	\$13,149	\$6	2,184
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	23	4,384	\$61,917	\$2,692	\$14	191
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	23	178	\$32,762	\$1,424	\$184	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	10	166	\$28,096	\$2,810	\$169	17
BHT/ABA Family Training		S5111	U5	Encounter	21	89	\$7,384	\$352	\$83	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	3	\$466	\$466	\$155	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Lapeer</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	1	7	\$418	\$418	\$60	7
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	1	8	\$232	\$232	\$29	8
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	2,599	\$75,442	\$75,442	\$29	2,599
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$299	\$299	\$299	1
Health Services		T1002		Up to 15 min	2	24	\$480	\$240	\$20	12
Respite Care		T1005		15 Minutes	18	18,039	\$64,749	\$3,597	\$4	1,002
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
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	346	16,455	\$980,126	\$2,833	\$60	48
Targeted Case Management		T1017		15 minutes	1	3	\$114	\$114	\$38	3
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	3	\$138	\$138	\$46	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	85	27,689	\$365,065	\$4,295	\$13	326
Assessments		T1023		Encounter	11	18	\$2,237	\$203	\$124	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Lapeer</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	428	\$4,178	\$4,178	\$10	428
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	11	\$1,940	\$1,940	\$176	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	8	89	\$11,480	\$1,435	\$129	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	10	175	\$41,339	\$4,134	\$236	18
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
<b>Total Population and Cost</b>					<b>364</b>		<b>\$11,221,573</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	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	3	24	\$48,857	\$16,286	\$2,036	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	10	50	\$8,981	\$898	\$180	5
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	9	9	\$7,923	\$880	\$880	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	5	25	\$1,921	\$384	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	3	11	\$3,236	\$1,079	\$294	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	\$0	\$0	\$0	0
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	8	8	\$617	\$77	\$77	1
Speech & Language Therapy		92507		Encounter	2	3	\$209	\$105	\$70	2
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	34	\$4,837	\$484	\$142	3
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	4	42	\$4,032	\$1,008	\$96	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
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	12	\$221	\$221	\$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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	51	113	\$21,048	\$413	\$186	2
Assessment for Autism		99212	U5	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	92	216	\$60,768	\$661	\$281	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	40	82	\$35,483	\$887	\$433	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	6	9	\$5,522	\$920	\$614	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	55	60	\$21,829	\$397	\$364	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		74	74	\$44,510	\$601	\$601	1
Treatment Planning		H0032		Encounter	14	30	\$2,993	\$214	\$100	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	38	342	\$28,676	\$755	\$84	9
Substance Abuse: Pharmacological 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	89	\$4,382	\$4,382	\$49	89
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	10	\$702	\$351	\$70	5
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	8	65	\$12,044	\$1,506	\$185	8
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	36	\$1,388	\$69	\$39	2

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	5	22	\$2,521	\$504	\$115	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	126	274,401	\$1,029,982	\$8,174	\$4	2,178
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	143	703,428	\$1,982,682	\$13,865	\$3	4,919
Community Living Supports (Daily)		H2016		Per Diem	52	17,805	\$2,372,793	\$45,631	\$133	342
Behavior Services		H2019		15 Minutes	6	2,671	\$38,982	\$6,497	\$15	445
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	92	\$21,087	\$10,544	\$229	46
Supported Employment Services		H2023		15 minutes	15	3,593	\$19,598	\$1,307	\$5	240
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	8	\$81	\$81	\$10	8
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	6	255	\$5,948	\$991	\$23	43
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	6	8	\$633	\$106	\$79	1
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	3	35	\$49,147	\$16,382	\$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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	9	\$727	\$727	\$81	9
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	2	35,673	\$316,591	\$158,296	\$9	17,837
Private Duty Nursing		T1000	TE	Up to 15 min	1	460	\$3,441	\$3,441	\$7	460
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	50	31,790	\$132,335	\$2,647	\$4	636
Respite Care		T1005	TD	15 Minutes	2	3,814	\$32,688	\$16,344	\$9	1,907
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
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	268	5,227	\$603,314	\$2,251	\$115	20
Targeted Case Management		T1017		15 minutes	34	783	\$103,309	\$3,038	\$132	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	60	\$7,199	\$1,440	\$120	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	52	17,805	\$1,117,243	\$21,485	\$63	342
Assessments		T1023		Encounter	10	15	\$4,556	\$456	\$304	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Lenawee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	42	\$16,059	\$4,015	\$382	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	14	150	\$16,529	\$1,181	\$110	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
<b>Total Population and Cost</b>					<b>326</b>		<b>\$8,204,206</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays 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	14	149	\$81,821	\$5,844	\$549	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	32	401	\$193,294	\$6,040	\$482	13
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

LifeWays 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
Assessment for Autism		90785	U5		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	\$8,261	\$918	\$918	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	88	89	\$59,300	\$674	\$666	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	27	52	\$2,817	\$104	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	95	949	\$64,214	\$676	\$68	10
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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	38	148	\$12,699	\$334	\$86	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	3	7	\$990	\$330	\$141	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	2	65	\$1,162	\$581	\$18	33
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	37	\$35,393	\$17,696	\$957	19
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	39	39	\$3,240	\$83	\$83	1
Speech & Language Therapy		92507		Encounter	56	2,532	\$103,913	\$1,856	\$41	45
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	28	28	\$3,364	\$120	\$120	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	2	18	\$800	\$400	\$44	9
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	29	122	\$12,456	\$430	\$102	4
Assessment for Autism		96101	U5	Hour	43	220	\$21,756	\$506	\$99	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	11	154	\$22,961	\$2,087	\$149	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	117	122	\$18,710	\$160	\$153	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	63	4,780	\$88,479	\$1,404	\$19	76
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	1	2	\$6	\$6	\$3	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
Prosthetic Training (Children's Waiver)		97761		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	43	180	\$6,512	\$151	\$36	4
Assessment or Health Services		97803		15 Minutes	99	397	\$14,321	\$145	\$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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	2	2	\$314	\$157	\$157	1
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	77	132	\$41,357	\$537	\$313	2
Assessment for Autism		99211	U5	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	135	301	\$67,347	\$499	\$224	2
Assessment for Autism		99212	U5	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	275	936	\$284,804	\$1,036	\$304	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	199	658	\$134,238	\$675	\$204	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	8	8	\$5,585	\$698	\$698	1
Assessment for Autism		99215	U5	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	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	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	\$100	\$100	\$100	1
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

LifeWays 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	\$3,812	\$3,812	\$3,812	1
Activity Therapy (Children's Waiver)		G0176		Encounter	4	114	\$8,262	\$2,065	\$72	29
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	134	138	\$16,590	\$124	\$120	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	11	44	\$16,274	\$1,479	\$370	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
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	24	1,065	\$230,493	\$9,604	\$216	44
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	60	\$4,900	\$613	\$82	8
Assessment		H0031		Encounter	231	277	\$53,444	\$231	\$193	1
Assessment for Autism		H0031	U5	Encounter	75	120	\$58,420	\$779	\$487	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	133	133	\$33,179	\$249	\$249	1
Treatment Planning		H0032		Encounter	596	8,293	\$796,630	\$1,337	\$96	14
Monitoring of Treatment - Clinician		H0032	TS	Encounter	199	911	\$164,917	\$829	\$181	5
Substance Abuse: Pharmacological 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	79	10,230	\$729,811	\$9,238	\$71	129
Home Based Services		H0036	ST	15 Minutes	3	212	\$17,624	\$5,875	\$83	71
Peer Directed and Operated Support Services		H0038		15 minutes	17	3,307	\$95,044	\$5,591	\$29	195
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	12	2,882	\$118,428	\$9,869	\$41	240
Community Living Supports in Independent living/own home		H0043		Per diem	64	16,411	\$3,338,726	\$52,168	\$203	256
Respite		H0045		Days	41	1,136	\$140,340	\$3,423	\$124	28
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	80	583	\$23,974	\$300	\$41	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	127	98,198	\$459,473	\$3,618	\$5	773
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	5,525	\$27,255	\$27,255	\$5	5,525
Community Living Supports (15 Minutes)		H2015		15 Minutes	446	1,121,008	\$5,549,395	\$12,443	\$5	2,513
Community Living Supports (Daily)		H2016		Per Diem	182	57,589	\$7,361,586	\$40,448	\$128	316
Behavior Services		H2019		15 Minutes	34	39,712	\$456,385	\$13,423	\$11	1,168
Behavior Services		H2019	TT	15 Minutes	1	64	\$749	\$749	\$12	64
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	63	52,480	\$588,508	\$9,341	\$11	833
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	14	1,856	\$80,853	\$5,775	\$44	133
Supported Employment Services		H2023		15 minutes	32	14,583	\$218,574	\$6,830	\$15	456
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	17	33,507	\$168,215	\$9,895	\$5	1,971
Home Based Services		H2033		15 Minutes	5	431	\$31,325	\$6,265	\$73	86
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	72	10,656	\$362,223	\$5,031	\$34	148
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	63	419	\$29,608	\$470	\$71	7
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	42	92	\$6,512	\$155	\$71	2
Home Care Training, Non-Family (Children's Waiver)		S5116		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	8	134	\$10,743	\$1,343	\$80	17
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	13	49	\$5,318	\$409	\$109	4
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	6	49	\$7,615	\$1,269	\$155	8
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	3	8,386	\$97,606	\$32,535	\$12	2,795
Private Duty Nursing		T1000	TE	Up to 15 min	3	17,404	\$153,990	\$51,330	\$9	5,801
Assessment		T1001		Encounter	324	378	\$74,879	\$231	\$198	1
Health Services		T1002		Up to 15 min	197	1,509	\$76,877	\$390	\$51	8
Respite Care		T1005		15 Minutes	96	68,166	\$144,713	\$1,507	\$2	710
Respite Care		T1005	TD	15 Minutes	1	231	\$1,929	\$1,929	\$8	231
Respite Care		T1005	TE	15 Minutes	1	752	\$5,340	\$5,340	\$7	752
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
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	341	16,249	\$1,395,643	\$4,093	\$86	48
Targeted Case Management		T1017		15 minutes	452	19,620	\$837,600	\$1,853	\$43	43
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	22	1,083	\$33,024	\$1,501	\$30	49
Personal Care in Licensed Specialized Residential Setting		T1020		Days	133	42,031	\$5,243,339	\$39,424	\$125	316
Assessments		T1023		Encounter	21	29	\$2,604	\$124	\$90	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	52	530	\$56,121	\$1,079	\$106	10
Transportation		T2001		Encounter	1	492	\$1,852	\$1,852	\$4	492

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	11	22	\$3,118	\$283	\$142	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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	24	\$7,621	\$3,810	\$318	12
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	68	750	\$117,207	\$1,724	\$156	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	1	1	\$479	\$479	\$479	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
<b>Total Population and Cost</b>					<b>1,014</b>		<b>\$30,759,561</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston 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	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	7	66	\$54,962	\$7,852	\$833	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Livingston 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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	32	32	\$23,464	\$733	\$733	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	20	57	\$5,823	\$291	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	31	104	\$18,840	\$608	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	65	521	\$114,976	\$1,769	\$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
Assessment for Autism		90838	U5	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	9	18	\$4,258	\$473	\$237	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	13	56	\$14,555	\$1,120	\$260	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	3	6	\$1,003	\$334	\$167	2
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	2	68	\$9,835	\$4,918	\$145	34
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	\$141	\$141	\$141	1
Speech & Language Therapy		92507		Encounter	87	2,310	\$167,923	\$1,930	\$73	27
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	2	2	\$139	\$69	\$69	1
Speech & Language Therapy		92523		Encounter	65	67	\$5,080	\$78	\$76	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	1	1	\$128	\$128	\$128	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	65	88	\$14,983	\$231	\$170	1
Assessment for Autism		96101	U5	Hour	6	23	\$3,589	\$598	\$156	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	6	63	\$10,872	\$1,812	\$173	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	78	80	\$4,013	\$51	\$50	1
Occupational Therapy		97004		Encounter	34	44	\$2,104	\$62	\$48	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	18	122	\$2,703	\$150	\$22	7
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	3	209	\$4,246	\$1,415	\$20	70
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	66	4,878	\$107,594	\$1,630	\$22	74
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	1	1	\$22	\$22	\$22	1
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
Prosthetic Training (Children's Waiver)		97761		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	16	69	\$2,095	\$131	\$30	4
Assessment or Health Services		97803		15 Minutes	19	37	\$1,111	\$58	\$30	2
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	32	51	\$8,796	\$275	\$172	2
Assessment for Autism		99212	U5	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	128	422	\$106,016	\$828	\$251	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	57	101	\$38,271	\$671	\$379	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	34	184	\$64,430	\$1,895	\$350	5
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	5	9	\$11,312	\$2,262	\$1,257	2
Activity Therapy (Children's Waiver)		G0176		Encounter	1	7	\$518	\$518	\$74	7
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	18	\$3,514	\$220	\$195	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	4	\$4,735	\$4,735	\$1,184	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
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	14	\$1,148	\$1,148	\$82	14
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	94	99	\$38,414	\$409	\$388	1
Assessment for Autism		H0031	U5	Encounter	41	51	\$18,986	\$463	\$372	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		116	116	\$63,655	\$549	\$549	1
Treatment Planning		H0032		Encounter	178	445	\$55,876	\$314	\$126	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	174	944	\$74,703	\$429	\$79	5
Substance Abuse: Pharmacological 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	13	1,301	\$84,002	\$6,462	\$65	100
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	124	\$4,280	\$2,140	\$35	62
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	5	354	\$30,828	\$6,166	\$87	71
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	16	315	\$24,318	\$1,520	\$77	20
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	30	109	\$7,067	\$236	\$65	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	20	\$1,234	\$176	\$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	140	214,838	\$669,942	\$4,785	\$3	1,535
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	57	102,946	\$320,966	\$5,631	\$3	1,806
Community Living Supports (15 Minutes)		H2015		15 Minutes	212	2,494,404	\$7,016,421	\$33,096	\$3	11,766
Community Living Supports (Daily)		H2016		Per Diem	50	16,919	\$2,189,885	\$43,798	\$129	338
Behavior Services		H2019		15 Minutes	26	36,973	\$543,121	\$20,889	\$15	1,422
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	12	1,050	\$103,867	\$8,656	\$99	88
Supported Employment Services		H2023		15 minutes	37	29,261	\$112,495	\$3,040	\$4	791
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	7	7,742	\$39,896	\$5,699	\$5	1,106
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	25	2,873	\$97,326	\$3,893	\$34	115
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	31	153	\$10,740	\$346	\$70	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	86	\$10,829	\$2,166	\$126	17
BHT/ABA Family Training		S5111	U5	Encounter	13	18	\$2,012	\$155	\$112	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	5	9	\$880	\$176	\$98	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	11	11	\$13,219	\$1,202	\$1,202	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	37	334	\$534,198	\$14,438	\$1,599	9
Environmental Modification		S5165		Service	5	6	\$35,597	\$7,119	\$5,933	1
Enhanced Medical Equipment-Supplies		S5199		Items	3	5	\$3,701	\$1,234	\$740	2
Occupational or Physical Therapy		S8990		Encounter	5	6	\$177	\$35	\$30	1
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	56	\$2,904	\$2,904	\$52	56
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	4	6	\$854	\$214	\$142	2
Respite Care		T1005		15 Minutes	181	145,478	\$637,653	\$3,523	\$4	804
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
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	574	9,996	\$1,313,910	\$2,289	\$131	17
Targeted Case Management		T1017		15 minutes	20	652	\$46,856	\$2,343	\$72	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	69	\$4,959	\$992	\$72	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	49	16,558	\$1,089,287	\$22,230	\$66	338
Assessments		T1023		Encounter	6	7	\$1,509	\$251	\$216	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	54	364	\$16,066	\$298	\$44	7
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	3	1,582	\$38,645	\$12,882	\$24	527
Targeted Case Management (Children's Waiver)		T2023		Month	9	91	\$44,357	\$4,929	\$487	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	80	821	\$89,392	\$1,117	\$109	10
Enhanced Medical Equipment-Supplies		T2028		Items	8	9	\$2,135	\$267	\$237	1
Enhanced Medical Equipment-Supplies		T2029		Items	33	71	\$10,555	\$320	\$149	2
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	4	126	\$4,200	\$1,050	\$33	32
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$1,068	\$1,068	\$1,068	1
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	2	2	\$1,198	\$599	\$599	1
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for J Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>657</b>		<b>\$16,241,510</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	67	929	\$570,725	\$8,518	\$614	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	81	963	\$587,552	\$7,254	\$610	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	50	63	\$12,159	\$243	\$193	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	1	8	\$7,531	\$7,531	\$941	8

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	26	161	\$45,357	\$1,745	\$282	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	158	164	\$43,004	\$272	\$262	1
Assessment for Autism		90791	U5	Encounter	2	2	\$504	\$252	\$252	1
Assessment		90792		Encounter	300	318	\$79,279	\$264	\$249	1
Assessment for Autism		90792	U5	Encounter	30	32	\$8,886	\$296	\$278	1
Mental Health: Outpatient Care		90832		30 Minutes	81	296	\$46,352	\$572	\$157	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	2	2	\$386	\$193	\$193	1
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	178	710	\$91,306	\$513	\$129	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	1	1	\$239	\$239	\$239	1
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	124	626	\$112,044	\$904	\$179	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	3	4	\$885	\$295	\$221	1
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	2	2	\$610	\$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	10	17	\$4,928	\$493	\$290	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	70	402	\$41,554	\$594	\$103	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	39	220	\$11,673	\$299	\$53	6
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	260	7,602	\$708,674	\$2,726	\$93	29
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	13	15	\$2,206	\$170	\$147	1
Speech & Language Therapy		92522		Encounter	9	9	\$1,413	\$157	\$157	1
Speech & Language Therapy		92523		Encounter	183	189	\$33,111	\$181	\$175	1
Speech & Language Therapy		92524		Encounter	1	1	\$148	\$148	\$148	1
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	22	22	\$27,580	\$1,254	\$1,254	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	73	97	\$26,768	\$367	\$276	1
Assessment for Autism		96101	U5	Hour	21	24	\$2,993	\$143	\$125	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	2	2	\$528	\$264	\$264	1

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	42	396	\$49,353	\$1,175	\$125	9
Physical Therapy		97001		Encounter	71	73	\$9,287	\$131	\$127	1
Physical Therapy		97002		Encounter	2	2	\$272	\$136	\$136	1
Occupational Therapy		97003		Encounter	301	326	\$122,876	\$408	\$377	1
Occupational Therapy		97004		Encounter	8	8	\$273	\$34	\$34	1
Occupational or Physical Therapy		97110		15 Minutes	93	15,338	\$428,396	\$4,606	\$28	165
Occupational or Physical Therapy		97112		15 Minutes	28	562	\$18,063	\$645	\$32	20
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	28	1,323	\$18,214	\$651	\$14	47
Occupational or Physical Therapy		97140		15 Minutes	6	180	\$5,358	\$893	\$30	30
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	262	30,926	\$938,879	\$3,584	\$30	118
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	33	581	\$15,309	\$464	\$26	18
Occupational or Physical Therapy		97535		15 Minutes	4	133	\$2,758	\$690	\$21	33
Occupational or Physical Therapy		97537		15 Minutes	1	184	\$3,673	\$3,673	\$20	184
Occupational or Physical Therapy		97542		15 Minutes	30	128	\$41,060	\$1,369	\$321	4
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
Prosthetic Training (Children's Waiver)		97761		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	15	15	\$1,031	\$69	\$69	1
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	\$1,303	\$217	\$217	1
Assessment for Autism		99204	U5	Encounter	2	2	\$389	\$195	\$195	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	\$61	\$61	\$61	1
Assessment for Autism		99205	U5	Encounter	4	4	\$1,105	\$276	\$276	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	71	139	\$12,776	\$180	\$92	2
Assessment for Autism		99211	U5	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	253	854	\$96,694	\$382	\$113	3
Assessment for Autism		99212	U5	Encounter	5	10	\$942	\$188	\$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	640	1,827	\$168,598	\$263	\$92	3
Assessment for Autism		99213	U5	Encounter	39	100	\$10,570	\$271	\$106	3
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	529	2,072	\$339,561	\$642	\$164	4
Assessment for Autism		99214	U5	Encounter	14	22	\$3,538	\$253	\$161	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	69	\$17,619	\$410	\$255	2
Assessment for Autism		99215	U5	Encounter	5	5	\$1,305	\$261	\$261	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	\$115	\$115	\$115	1
Additional Codes-Physician Services		99223		70 Minutes	5	6	\$1,021	\$204	\$170	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	\$99	\$99	\$33	3
Additional Codes-Physician Services		99232		25 minutes	8	48	\$2,898	\$362	\$60	6
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	1	\$118	\$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	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	1	1	\$58	\$58	\$58	1
Nursing Facility Services evaluation and management		99309		25 minutes	1	2	\$153	\$153	\$77	2
Nursing Facility Services evaluation and management		99310		35 Minutes	1	2	\$227	\$227	\$114	2
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	13	\$2,115	\$2,115	\$163	13
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	9	154	\$47,764	\$5,307	\$310	17
Activity Therapy (Children's Waiver)		G0176		Encounter	67	2,533	\$163,726	\$2,444	\$65	38
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	3	\$249	\$249	\$83	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	34	44	\$3,077	\$91	\$70	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	21	200	\$79,424	\$3,782	\$397	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
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	2,544	3,113	\$837,933	\$329	\$269	1
Assessment for Autism		H0031	U5	Encounter	274	491	\$196,280	\$716	\$400	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	759	761	\$379,913	\$501	\$499	1
Treatment Planning		H0032		Encounter	1,215	2,046	\$505,561	\$416	\$247	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	591	1,925	\$554,761	\$939	\$288	3
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	7	25	\$2,842	\$406	\$114	4
Home Based Services		H0036		15 Minutes	37	2,589	\$122,550	\$3,312	\$47	70
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	25	285	\$13,482	\$539	\$47	11
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	8	1,051	\$83,970	\$10,496	\$80	131
Community Living Supports in Independent living/own home		H0043		Per diem	244	81,017	\$14,312,832	\$58,659	\$177	332
Respite		H0045		Days	157	2,122	\$547,522	\$3,487	\$258	14
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	51	171	\$12,454	\$244	\$73	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	132	902	\$133,748	\$1,013	\$148	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	59	422	\$35,601	\$603	\$84	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	1,313	3,070,044	\$8,069,408	\$6,146	\$3	2,338
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	187	225,097	\$765,841	\$4,095	\$3	1,204
Community Living Supports (15 Minutes)		H2015		15 Minutes	2,310	10,914,043	\$35,125,490	\$15,206	\$3	4,725
Community Living Supports (Daily)		H2016		Per Diem	560	184,849	\$15,589,620	\$27,839	\$84	330
Behavior Services		H2019		15 Minutes	3	2,188	\$39,554	\$13,185	\$18	729
Behavior Services		H2019	TT	15 Minutes	1	137	\$2,363	\$2,363	\$17	137
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	15	15,212	\$262,696	\$17,513	\$17	1,014
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	160	280,188	\$4,620,439	\$28,878	\$16	1,751
Wraparound		H2021		15 Minutes	4	144	\$11,565	\$2,891	\$80	36
Supported Employment Services		H2023		15 minutes	136	98,070	\$465,927	\$3,426	\$5	721
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	43	58,093	\$358,587	\$8,339	\$6	1,351
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	173	28,453	\$883,008	\$5,104	\$31	164
Family Training - EBP		S5110		15 Minutes	1	12	\$499	\$499	\$42	12
Family Training		S5111		Encounter	488	3,635	\$559,574	\$1,147	\$154	7
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	35	388	\$75,552	\$2,159	\$195	11
BHT/ABA Family Training		S5111	U5	Encounter	153	665	\$92,910	\$607	\$140	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	92	307	\$86,155	\$936	\$281	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	72	3,116	\$270,960	\$3,763	\$87	43
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	\$80	\$40	\$40	1

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	12	97	\$3,532	\$294	\$36	8
Environmental Modification		S5165		Service	34	52	\$243,750	\$7,169	\$4,688	2
Enhanced Medical Equipment-Supplies		S5199		Items	5	5	\$1,255	\$251	\$251	1
Occupational or Physical Therapy		S8990		Encounter	55	364	\$53,500	\$973	\$147	7
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	149	1,036	\$270,787	\$1,817	\$261	7
Health Services		S9446		Encounter	2	2	\$204	\$102	\$102	1
Health Services		S9470		Encounter	11	13	\$1,043	\$95	\$80	1
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	5	33,285	\$332,521	\$66,504	\$10	6,657
Private Duty Nursing		T1000	TE	Up to 15 min	11	110,643	\$894,357	\$81,305	\$8	10,058
Assessment		T1001		Encounter	499	529	\$218,651	\$438	\$413	1
Health Services		T1002		Up to 15 min	435	2,246	\$234,717	\$540	\$105	5
Respite Care		T1005		15 Minutes	1,341	2,196,935	\$7,273,350	\$5,424	\$3	1,638
Respite Care		T1005	TD	15 Minutes	4	11,039	\$111,454	\$27,864	\$10	2,760
Respite Care		T1005	TE	15 Minutes	49	241,430	\$1,934,553	\$39,481	\$8	4,927
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	140	218,501	\$529,065	\$3,779	\$2	1,561
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	5	5	\$1,551	\$310	\$310	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3,209	162,815	\$10,984,983	\$3,423	\$67	51
Targeted Case Management		T1017		15 minutes	605	20,916	\$1,692,934	\$2,798	\$81	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	48	1,616	\$139,479	\$2,906	\$86	34
Personal Care in Licensed Specialized Residential Setting		T1020		Days	560	184,845	\$10,860,601	\$19,394	\$59	330
Assessments		T1023		Encounter	25	35	\$4,930	\$197	\$141	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	22	144	\$16,244	\$738	\$113	7
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	128	115,622	\$1,782,225	\$13,924	\$15	903
Targeted Case Management (Children's Waiver)		T2023		Month	112	1,182	\$650,594	\$5,809	\$550	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	865	8,920	\$1,082,545	\$1,251	\$121	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	56	387	\$26,186	\$468	\$68	7
Respite Care		T2037		Per session. One day/partial day = one session	40	652	\$16,629	\$416	\$26	16
Housing Assistance		T2038		Service	56	532	\$102,244	\$1,826	\$192	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	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			3	0	\$91	\$30	\$0	0
<b>Total Population and Cost</b>					<b>4,052</b>		<b>\$129,562,354</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**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	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	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	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**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
Assessment for Autism		90785	U5		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	\$3,246	\$1,082	\$1,082	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	2	\$2,246	\$1,123	\$1,123	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	11	20	\$3,672	\$334	\$184	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	19	57	\$10,820	\$569	\$190	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	24	89	\$20,427	\$851	\$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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	1	1	\$240	\$240	\$240	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	2	2	\$508	\$254	\$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	2	4	\$1,071	\$536	\$268	2
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	3	14	\$21,054	\$7,018	\$1,504	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	2	4	\$1,828	\$914	\$457	2
Occupational Therapy		97004		Encounter	1	2	\$1,092	\$1,092	\$546	2
Occupational or Physical Therapy		97110		15 Minutes	1	8	\$993	\$993	\$124	8
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
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	608	\$5,797	\$5,797	\$10	608
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$928	\$928	\$928	1
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	7	10	\$3,982	\$569	\$398	1
Assessment for Autism		99212	U5	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	78	193	\$75,036	\$962	\$389	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	45	89	\$37,396	\$831	\$420	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	14	14	\$10,093	\$721	\$721	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	6	20	\$3,230	\$538	\$162	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	1	\$351	\$351	\$351	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
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	7	84	\$14,449	\$2,064	\$172	12
Assessment		H0031		Encounter	14	14	\$6,195	\$443	\$443	1
Assessment for Autism		H0031	U5	Encounter	22	22	\$13,804	\$627	\$627	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	7	7	\$1,709	\$244	\$244	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	253	\$19,098	\$4,775	\$75	63
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	10	1,018	\$37,957	\$3,796	\$37	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	2	254	\$21,705	\$10,853	\$85	127
Community Living Supports in Independent living/own home		H0043		Per diem	43	12,383	\$1,965,102	\$45,700	\$159	288
Respite		H0045		Days	16	209	\$26,855	\$1,678	\$128	13
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	\$875	\$438	\$438	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	11	20	\$4,893	\$445	\$245	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	2	3	\$1,799	\$900	\$600	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	24	3,693	\$75,355	\$3,140	\$20	154
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	85	137,231	\$1,435,181	\$16,884	\$10	1,614
Community Living Supports (Daily)		H2016		Per Diem	22	7,342	\$626,604	\$28,482	\$85	334
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	3	2,148	\$60,294	\$20,098	\$28	716
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	15	1,943	\$190,586	\$12,706	\$98	130
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	2	129	\$3,263	\$1,632	\$25	65
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	2	\$1,255	\$1,255	\$628	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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	1	12	\$289	\$289	\$24	12
Environmental Modification		S5165		Service	2	4	\$2,853	\$1,427	\$713	2
Enhanced Medical Equipment-Supplies		S5199		Items	2	2	\$2,532	\$1,266	\$1,266	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$497	\$497	\$497	1
Health Services		T1002		Up to 15 min	2	2	\$424	\$212	\$212	1
Respite Care		T1005		15 Minutes	35	7,207	\$26,544	\$758	\$4	206
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
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	73	2,397	\$235,715	\$3,229	\$98	33
Targeted Case Management		T1017		15 minutes	87	2,455	\$248,258	\$2,854	\$101	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	3	\$304	\$304	\$101	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	22	7,342	\$613,991	\$27,909	\$84	334
Assessments		T1023		Encounter	8	20	\$18,733	\$2,342	\$937	3
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	23	31	\$7,690	\$334	\$248	1
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	18	\$3,605	\$1,803	\$200	9
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	5	23	\$3,194	\$639	\$139	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	\$187	\$187	\$187	1
Respite Care		T2036		Per session. One night = one session	2	13	\$662	\$331	\$51	7
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
<b>Total Population and Cost</b>					<b>186</b>		<b>\$5,876,467</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	3	\$1,795	\$1,795	\$598	3
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	11	54	\$47,847	\$4,350	\$886	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe 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
Assessment for Autism		90785	U5		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	\$568	\$284	\$284	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	44	44	\$13,043	\$296	\$296	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	18	65	\$8,702	\$483	\$134	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	18	97	\$19,004	\$1,056	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	8	36	\$8,192	\$1,024	\$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
Assessment for Autism		90838	U5	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	23	117	\$25,625	\$1,114	\$219	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	27	182	\$41,612	\$1,541	\$229	7
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	6	37	\$10,255	\$1,709	\$277	6
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	25	26	\$6,363	\$255	\$245	1
Speech & Language Therapy		92507		Encounter	2	51	\$11,239	\$5,620	\$220	26
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	45	160	\$39,766	\$884	\$249	4
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	1	1	\$126	\$126	\$126	1
Assessment for Autism		96102	U5	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	7	12	\$2,937	\$420	\$245	2
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	8	83	\$44,493	\$5,562	\$536	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	46	49	\$53,337	\$1,159	\$1,089	1
Occupational Therapy		97004		Encounter	49	56	\$57,415	\$1,172	\$1,025	1
Occupational or Physical Therapy		97110		15 Minutes	9	61	\$11,597	\$1,289	\$190	7
Occupational or Physical Therapy		97112		15 Minutes	5	20	\$3,802	\$760	\$190	4
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	10	181	\$8,556	\$856	\$47	18
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	1	1	\$802	\$802	\$802	1
Assessment for Autism		99211	U5	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	4	4	\$304	\$76	\$76	1
Assessment for Autism		99212	U5	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	120	206	\$19,920	\$166	\$97	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	244	914	\$133,517	\$547	\$146	4
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	85	\$13,616	\$332	\$160	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	206	486	\$89,837	\$436	\$185	2
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		66	71	\$6,528	\$99	\$92	1
Treatment Planning		H0032		Encounter	83	142	\$23,346	\$281	\$164	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	9	24	\$6,308	\$701	\$263	3
Substance Abuse: Pharmacological 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	6	742	\$20,828	\$3,471	\$28	124
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	11	125	\$6,729	\$612	\$54	11
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	5	1,091	\$71,155	\$14,231	\$65	218
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	8	111	\$9,496	\$1,187	\$86	14
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	36	77	\$1,236	\$34	\$16	2

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	14	71	\$192	\$14	\$3	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	26	101	\$7,992	\$307	\$79	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	214	501,456	\$1,268,684	\$5,928	\$3	2,343
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	3	8,064	\$20,402	\$6,801	\$3	2,688
Community Living Supports (15 Minutes)		H2015		15 Minutes	388	3,667,668	\$11,589,831	\$29,871	\$3	9,453
Community Living Supports (Daily)		H2016		Per Diem	64	18,769	\$1,421,564	\$22,212	\$76	293
Behavior Services		H2019		15 Minutes	17	17,754	\$298,977	\$17,587	\$17	1,044
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	6	630	\$39,318	\$6,553	\$62	105
Supported Employment Services		H2023		15 minutes	38	15,550	\$437,888	\$11,523	\$28	409
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	6	8,400	\$118,776	\$19,796	\$14	1,400
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	15	1,454	\$24,238	\$1,616	\$17	97
Family Training - EBP		S5110		15 Minutes	2	4	\$91	\$45	\$23	2
Family Training		S5111		Encounter	123	1,199	\$181,541	\$1,476	\$151	10
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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	2	2	\$2,607	\$1,303	\$1,303	1

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	8	59	\$83,953	\$10,494	\$1,423	7
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	63	\$820	\$820	\$13	63
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	\$617	\$617	\$617	1
Health Services		T1002		Up to 15 min	1	2	\$208	\$208	\$104	2
Respite Care		T1005		15 Minutes	164	140,359	\$550,207	\$3,355	\$4	856
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
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	140	3,985	\$596,594	\$4,261	\$150	28
Targeted Case Management		T1017		15 minutes	493	12,249	\$953,585	\$1,934	\$78	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	65	18,769	\$1,990,828	\$30,628	\$106	289
Assessments		T1023		Encounter	22	43	\$7,636	\$347	\$178	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	20	16,358	\$169,305	\$8,465	\$10	818
Targeted Case Management (Children's Waiver)		T2023		Month	4	35	\$5,955	\$1,489	\$170	9
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	141	1,424	\$160,656	\$1,139	\$113	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	7	11	\$4,862	\$695	\$442	2
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	6	\$1,724	\$287	\$287	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
<b>Total Population and Cost</b>					<b>686</b>		<b>\$20,758,948</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	3	26	\$23,105	\$7,702	\$889	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1	17	\$1,288	\$1,288	\$76	17
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	25	25	\$15,207	\$608	\$608	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	4	4	\$2,732	\$683	\$683	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	6	8	\$784	\$131	\$98	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	12	72	\$10,143	\$845	\$141	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	8	17	\$3,299	\$412	\$194	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	11	\$1,066	\$355	\$97	4
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	24	\$1,924	\$1,924	\$80	24
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	20	20	\$2,405	\$120	\$120	1
Assessment for Autism		96101	U5	Hour	19	28	\$4,320	\$227	\$154	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	4	39	\$1,242	\$311	\$32	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
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
Prosthetic Training (Children's Waiver)		97761		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	2	2	\$262	\$131	\$131	1
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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	\$452	\$452	\$452	1
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	13	23	\$3,515	\$270	\$153	2
Assessment for Autism		99212	U5	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	86	280	\$84,365	\$981	\$301	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	69	161	\$60,963	\$884	\$379	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	4	5	\$2,280	\$570	\$456	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	1	1	\$437	\$437	\$437	1
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	30	100	\$30,390	\$1,013	\$304	3
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	10	10	\$4,546	\$455	\$455	1
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	3	\$564	\$564	\$188	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	31	31	\$8,947	\$289	\$289	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	126	144	\$53,443	\$424	\$371	1
Assessment for Autism		H0031	U5	Encounter	15	16	\$6,390	\$426	\$399	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	33	44	\$6,224	\$189	\$141	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	29	111	\$33,445	\$1,153	\$301	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	4	\$1,280	\$1,280	\$320	4
Home Based Services		H0036		15 Minutes	25	3,596	\$229,345	\$9,174	\$64	144
Home Based Services		H0036	ST	15 Minutes	1	3	\$192	\$192	\$64	3
Peer Directed and Operated Support Services		H0038		15 minutes	28	1,582	\$64,310	\$2,297	\$41	57
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	3	578	\$50,602	\$16,867	\$88	193
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	20	72	\$7,266	\$363	\$101	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	18	76	\$22,930	\$1,274	\$302	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	4	\$762	\$254	\$190	1
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	4,808	\$9,008	\$693	\$2	370
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	176,901	\$948,680	\$14,374	\$5	2,680
Community Living Supports (Daily)		H2016		Per Diem	52	16,809	\$1,826,795	\$35,131	\$109	323
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	4	119	\$2,872	\$718	\$24	30
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	9	8,649	\$109,482	\$12,165	\$13	961
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	111	\$5,062	\$2,531	\$46	56
Supported Employment Services		H2023		15 minutes	51	49,219	\$215,753	\$4,230	\$4	965
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	24	32,427	\$187,260	\$7,803	\$6	1,351
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	9	1,004	\$29,203	\$3,245	\$29	112
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	16	52	\$13,910	\$869	\$267	3
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	5	17	\$1,315	\$263	\$77	3
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	3	3	\$476	\$159	\$159	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	33	33	\$10,535	\$319	\$319	1
Health Services		T1002		Up to 15 min	40	942	\$150,388	\$3,760	\$160	24
Respite Care		T1005		15 Minutes	60	48,714	\$217,229	\$3,620	\$4	812
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
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	39	1,055	\$110,454	\$2,832	\$105	27
Targeted Case Management		T1017		15 minutes	212	3,741	\$388,711	\$1,834	\$104	18
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	52	16,809	\$787,115	\$15,137	\$47	323
Assessments		T1023		Encounter	6	6	\$6,837	\$1,140	\$1,140	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	15	171	\$5,823	\$388	\$34	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
<b>Total Population and Cost</b>					<b>295</b>		<b>\$5,767,331</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	8	83	\$71,049	\$8,881	\$856	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	13	\$3,880	\$3,880	\$298	13
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	10	201	\$197,337	\$19,734	\$982	20
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	8	99	\$12,955	\$1,619	\$131	12
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	13	\$10,805	\$10,805	\$831	13
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	77	79	\$12,891	\$167	\$163	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	4	5	\$2,272	\$568	\$454	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	46	105	\$5,624	\$122	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	69	225	\$15,844	\$230	\$70	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	73	391	\$49,878	\$683	\$128	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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	11	15	\$2,452	\$223	\$163	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	7	18	\$3,441	\$492	\$191	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Therapy-Family Therapy		90847		Encounter	12	25	\$2,924	\$244	\$117	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	28	172	\$8,025	\$287	\$47	6
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	55	\$44,981	\$22,491	\$818	28
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	21	169	\$38,241	\$1,821	\$226	8
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	37	42	\$11,109	\$300	\$265	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	1	1	\$308	\$308	\$308	1
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	79	87	\$26,582	\$336	\$306	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	65	101	\$17,574	\$270	\$174	2
Assessment for Autism		96101	U5	Hour	16	21	\$4,036	\$252	\$192	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	75	569	\$5,067	\$68	\$9	8
Physical Therapy		97001		Encounter	63	64	\$21,751	\$345	\$340	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	62	63	\$27,428	\$442	\$435	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	45	862	\$44,658	\$992	\$52	19
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	150	1,474	\$217,582	\$1,451	\$148	10
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
Prosthetic Training (Children's Waiver)		97761		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	8	11	\$547	\$68	\$50	1
Assessment for Autism		99201	U5	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	13	18	\$2,158	\$166	\$120	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	11	15	\$1,646	\$150	\$110	1
Assessment for Autism		99203	U5	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	3	3	\$553	\$184	\$184	1
Assessment for Autism		99204	U5	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	\$75	\$75	\$75	1
Assessment for Autism		99205	U5	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	61	70	\$1,956	\$32	\$28	1
Assessment for Autism		99211	U5	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	183	263	\$12,094	\$66	\$46	1
Assessment for Autism		99212	U5	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	328	650	\$50,280	\$153	\$77	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	315	568	\$63,547	\$202	\$112	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	96	173	\$29,428	\$307	\$170	2
Assessment for Autism		99215	U5	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	1	1	\$90	\$90	\$90	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	\$270	\$270	\$90	3
Additional Codes-Physician Services		99232		25 minutes	1	2	\$180	\$180	\$90	2
Additional Codes-Physician Services		99233		35 Minutes	1	3	\$270	\$270	\$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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	1	2	\$482	\$482	\$241	2
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	46	50	\$6,964	\$151	\$139	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
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	28	258	\$121,959	\$4,356	\$473	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
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	423	479	\$97,327	\$230	\$203	1
Assessment for Autism		H0031	U5	Encounter	179	642	\$160,423	\$896	\$250	4
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	152	152	\$36,492	\$240	\$240	1
Treatment Planning		H0032		Encounter	142	306	\$50,671	\$357	\$166	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	198	464	\$96,956	\$490	\$209	2
Substance Abuse: Pharmacological 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	16	1,871	\$293,186	\$18,324	\$157	117
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	13	424	\$27,726	\$2,133	\$65	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	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	79	\$5,630	\$5,630	\$71	79
Community Living Supports in Independent living/own home		H0043		Per diem	11	2,694	\$308,614	\$28,056	\$115	245
Respite		H0045		Days	3	13	\$2,860	\$953	\$220	4
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	75	197	\$5,063	\$68	\$26	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	170	934	\$49,566	\$292	\$53	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	6	50	\$3,865	\$644	\$77	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	255	565,167	\$1,212,374	\$4,754	\$2	2,216
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	316	619,655	\$3,277,534	\$10,372	\$5	1,961
Community Living Supports (Daily)		H2016		Per Diem	394	70,258	\$9,068,727	\$23,017	\$129	178
Behavior Services		H2019		15 Minutes	1	1	\$43	\$43	\$43	1
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	80	37,917	\$445,753	\$5,572	\$12	474
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	66	40,077	\$703,773	\$10,663	\$18	607
Wraparound		H2021		15 Minutes	4	331	\$14,552	\$3,638	\$44	83
Supported Employment Services		H2023		15 minutes	59	2,700	\$103,879	\$1,761	\$38	46
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	12	9,097	\$83,334	\$6,944	\$9	758
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	83	4,754	\$158,173	\$1,906	\$33	57
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	72	175	\$12,717	\$177	\$73	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	57	162	\$9,777	\$172	\$60	3
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$8,049	\$8,049	\$8,049	1
Enhanced Medical Equipment-Supplies		S5199		Items	96	200	\$194,562	\$2,027	\$973	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	1	251	\$8,634	\$8,634	\$34	251
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	4,449	\$143,166	\$143,166	\$32	4,449
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$55	\$55	\$55	1
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	199	67,944	\$1,813,677	\$9,114	\$27	341
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	116	118	\$30,614	\$264	\$259	1
Health Services		T1002		Up to 15 min	181	1,706	\$219,254	\$1,211	\$129	9
Respite Care		T1005		15 Minutes	163	182,967	\$2,560,704	\$15,710	\$14	1,122
Respite Care		T1005	TD	15 Minutes	4	3,382	\$26,927	\$6,732	\$8	846
Respite Care		T1005	TE	15 Minutes	1	952	\$6,194	\$6,194	\$7	952
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	10	20,624	\$54,493	\$5,449	\$3	2,062
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	1,112	37,034	\$2,731,260	\$2,456	\$74	33
Targeted Case Management		T1017		15 minutes	52	644	\$44,280	\$852	\$69	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	392	70,125	\$8,784,965	\$22,411	\$125	179
Assessments		T1023		Encounter	38	53	\$8,296	\$218	\$157	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	8	75	\$1,401	\$175	\$19	9
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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
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	155	31,840	\$222,545	\$1,436	\$7	205
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
Out of Home Prevocational Service		T2015		Hour	5	3,457	\$25,048	\$5,010	\$7	691
Targeted Case Management (Children's Waiver)		T2023		Month	5	20	\$6,148	\$1,230	\$307	4
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	45	443	\$52,942	\$1,176	\$120	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	35	43	\$12,657	\$362	\$294	1
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	38	50	\$29,218	\$769	\$584	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					6	0	\$48	\$8	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,242</b>		<b>\$34,365,349</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$836	\$836	\$836	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	214	217	\$59,512	\$278	\$274	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	52	404	\$50,512	\$971	\$125	8
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	176	1,605	\$209,357	\$1,190	\$130	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	20	79	\$3,607	\$180	\$46	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	1	\$11	\$11	\$11	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	13	205	\$34,297	\$2,638	\$167	16
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	10	152	\$22,253	\$2,225	\$146	15
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	1	1	\$122	\$122	\$122	1
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	4	4	\$1,092	\$273	\$273	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	63	92	\$12,591	\$200	\$137	1
Assessment for Autism		96101	U5	Hour	114	1,037	\$51,892	\$455	\$50	9
Psychological Testing by Technician		96102		Per Hour	29	29	\$5,004	\$173	\$173	1
Assessment for Autism		96102	U5	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	5	\$0	\$0	\$0	5

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	103	531	\$75,956	\$737	\$143	5
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	12	13	\$896	\$75	\$69	1
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	6	15	\$265	\$44	\$18	3
Physical Therapy		97001		Encounter	1	1	\$12	\$12	\$12	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	13	13	\$3,847	\$296	\$296	1
Occupational Therapy		97004		Encounter	19	19	\$964	\$51	\$51	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
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
Prosthetic Training (Children's Waiver)		97761		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	5	26	\$590	\$118	\$23	5
Assessment or Health Services		97803		15 Minutes	30	86	\$1,870	\$62	\$22	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	5	5	\$460	\$92	\$92	1
Assessment for Autism		99201	U5	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	6	6	\$552	\$92	\$92	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Network180</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0	
New Patient Evaluation and Management		99203		Encounter	12	12	\$1,104	\$92	\$92	1	
Assessment for Autism		99203	U5	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	9	9	\$1,300	\$144	\$144	1	
Assessment for Autism		99204	U5	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	5	5	\$956	\$191	\$191	1	
Assessment for Autism		99205	U5	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	8	12	\$655	\$82	\$55	2	
Assessment for Autism		99211	U5	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	89	138	\$12,486	\$140	\$90	2	
Assessment for Autism		99212	U5	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	528	1,227	\$185,889	\$352	\$151	2	
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99214		Encounter	610	1,659	\$393,864	\$646	\$237	3	
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99215		Encounter	111	162	\$41,696	\$376	\$257	1	
Assessment for Autism		99215	U5	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	
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	

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	20	339	\$7,165	\$358	\$21	17
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	629	849	\$314,235	\$500	\$370	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	402	505	\$134,622	\$335	\$267	1
Assessment for Autism		H0031	U5	Encounter	118	200	\$79,507	\$674	\$398	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	499	503	\$279,326	\$560	\$555	1
Treatment Planning		H0032		Encounter	388	1,489	\$222,484	\$573	\$149	4
Monitoring of Treatment - Clinician		H0032	TS	Encounter	110	270	\$34,018	\$309	\$126	2
Substance Abuse: Pharmacological 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	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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	122	24,778	\$4,097,257	\$33,584	\$165	203
Respite		H0045		Days	241	3,273	\$522,386	\$2,168	\$160	14
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	180	228	\$4	\$0	\$0	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	184	465	\$142	\$1	\$0	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
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	333	1,023,777	\$3,239,085	\$9,727	\$3	3,074
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	4	6,819	\$21,551	\$5,388	\$3	1,705
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,067	1,842,247	\$7,860,273	\$7,367	\$4	1,727
Community Living Supports (Daily)		H2016		Per Diem	640	205,529	\$25,939,641	\$40,531	\$126	321
Behavior Services		H2019		15 Minutes	83	79,828	\$1,065,898	\$12,842	\$13	962
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	147	180,583	\$2,620,085	\$17,824	\$15	1,228
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	113	30,611	\$228,783	\$2,025	\$7	271
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	3,382	\$12,134	\$12,134	\$4	3,382
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	148	24,749	\$709,016	\$4,791	\$29	167
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	43	313	\$39,195	\$912	\$125	7
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	19	32	\$4,138	\$218	\$129	2
Home Care Training, Non-Family (Children's Waiver)		S5116		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	3	\$482	\$482	\$161	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	2	2	\$28,662	\$14,331	\$14,331	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	3	7	\$856	\$285	\$122	2
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	6	103,330	\$831,912	\$138,652	\$8	17,222
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	83	86	\$18,383	\$221	\$214	1
Health Services		T1002		Up to 15 min	112	736	\$31,523	\$281	\$43	7
Respite Care		T1005		15 Minutes	281	170,547	\$641,102	\$2,282	\$4	607
Respite Care		T1005	TD	15 Minutes	3	1,496	\$0	\$0	\$0	499
Respite Care		T1005	TE	15 Minutes	4	1,635	\$0	\$0	\$0	409
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	170	29,748	\$56,530	\$333	\$2	175
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	2,533	79,396	\$6,582,523	\$2,599	\$83	31
Targeted Case Management		T1017		15 minutes	50	4,864	\$204,876	\$4,098	\$42	97
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	43	1,404	\$77,966	\$1,813	\$56	33
Personal Care in Licensed Specialized Residential Setting		T1020		Days	628	202,505	\$5,977,406	\$9,518	\$30	322
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	29	\$444	\$444	\$15	29
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	253	2,427	\$261,181	\$1,032	\$108	10
Enhanced Medical Equipment-Supplies		T2028		Items	4	36	\$4,222	\$1,056	\$117	9
Enhanced Medical Equipment-Supplies		T2029		Items	3	8	\$10,040	\$3,347	\$1,255	3
Respite Care		T2036		Per session. One night = one session	23	154	\$13,216	\$575	\$86	7
Respite Care		T2037		Per session. One day/partial day = one session	17	68	\$4,202	\$247	\$62	4
Housing Assistance		T2038		Service	4	4	\$4,479	\$1,120	\$1,120	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
<b>Total Population and Cost</b>					<b>2,832</b>		<b>\$63,355,400</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	1	25	\$1,402	\$1,402	\$56	25
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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	16	16	\$15,021	\$939	\$939	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	9	15	\$1,938	\$215	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	12	43	\$7,658	\$638	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	17	78	\$20,167	\$1,186	\$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
Assessment for Autism		90838	U5	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	\$209	\$209	\$209	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	10	39	\$8,339	\$834	\$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	1	10	\$856	\$856	\$86	10
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	21	88	\$19,954	\$950	\$227	4
Assessment for Autism		96101	U5	Hour	5	10	\$2,268	\$454	\$227	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	4	55	\$3,775	\$944	\$69	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	2	13	\$536	\$268	\$41	7
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	40	140	\$26,959	\$674	\$193	4
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	57	216	\$64,602	\$1,133	\$299	4
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	8	8	\$1,512	\$189	\$189	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	1	10	\$6,243	\$6,243	\$624	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
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	1	1	\$58	\$58	\$58	1
Assessment		H0031		Encounter	66	75	\$20,606	\$312	\$275	1
Assessment for Autism		H0031	U5	Encounter	32	54	\$23,344	\$730	\$432	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	8	8	\$2,338	\$292	\$292	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	6	390	\$37,112	\$6,185	\$95	65
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	3	176	\$4,587	\$1,529	\$26	59
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	4	1,080	\$162,661	\$40,665	\$151	270
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	20	65	\$13,682	\$684	\$210	3

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	17	110	\$11,635	\$684	\$106	6
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	10	\$1,458	\$486	\$146	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	36,193	\$140,506	\$4,258	\$4	1,097
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	49	148,195	\$653,435	\$13,335	\$4	3,024
Community Living Supports (Daily)		H2016		Per Diem	40	13,490	\$1,635,162	\$40,879	\$121	337
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	1	5	\$177	\$177	\$35	5
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	12	3,461	\$60,072	\$5,006	\$17	288
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	6	2,321	\$40,285	\$6,714	\$17	387
Wraparound		H2021		15 Minutes	2	119	\$13,639	\$6,820	\$115	60
Supported Employment Services		H2023		15 minutes	5	6,686	\$127,202	\$25,440	\$19	1,337
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	11	635	\$38,100	\$3,464	\$60	58
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	20	110	\$29,930	\$1,497	\$272	6
Family Training		S5111	HA	Encounter	2	10	\$2,721	\$1,361	\$272	5
Family Training		S5111	HM	Encounter	8	83	\$16,493	\$2,062	\$199	10
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	5	37	\$3,314	\$663	\$90	7
Respite Care		T1005		15 Minutes	33	11,948	\$50,150	\$1,520	\$4	362
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	1	4,554	\$16,656	\$16,656	\$4	4,554
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	28	904	\$116,347	\$4,155	\$129	32
Targeted Case Management		T1017		15 minutes	148	4,191	\$356,009	\$2,405	\$85	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	41	\$3,453	\$1,727	\$84	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	44	13,479	\$645,882	\$14,679	\$48	306
Assessments		T1023		Encounter	9	21	\$7,587	\$843	\$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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	12	\$3,892	\$1,946	\$324	6
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	35	298	\$22,935	\$655	\$77	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
<b>Total Population and Cost</b>					<b>200</b>		<b>\$4,442,867</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	45	\$40,239	\$13,413	\$894	15
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	2	25	\$17,969	\$8,985	\$719	13
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

North Country										
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
Assessment for Autism		90785	U5		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	\$448	\$448	\$448	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	50	55	\$27,324	\$546	\$497	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	18	66	\$6,483	\$360	\$98	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	51	281	\$39,138	\$767	\$139	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	23	75	\$12,619	\$549	\$168	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
Assessment for Autism		90838	U5	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	3	\$522	\$174	\$174	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	4	7	\$1,197	\$299	\$171	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	1	\$531	\$531	\$531	1
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
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	2	2	\$152	\$76	\$76	1
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	2	2	\$546	\$273	\$273	1
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	2	3	\$770	\$385	\$257	2
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	24	118	\$16,083	\$670	\$136	5
Assessment for Autism		96101	U5	Hour	67	430	\$69,168	\$1,032	\$161	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	8	\$1,039	\$520	\$130	4
Physical Therapy		97001		Encounter	46	48	\$12,817	\$279	\$267	1
Physical Therapy		97002		Encounter	15	15	\$4,028	\$269	\$269	1
Occupational Therapy		97003		Encounter	2	7	\$824	\$412	\$118	4
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	20	96	\$5,363	\$268	\$56	5
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	28	173	\$13,522	\$483	\$78	6
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	23	139	\$21,183	\$921	\$152	6
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
Prosthetic Training (Children's Waiver)		97761		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	10	36	\$2,831	\$283	\$79	4
Assessment or Health Services		97803		15 Minutes	14	59	\$5,962	\$426	\$101	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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>North Country</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
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	
Assessment for Autism		99203	U5	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	
Assessment for Autism		99204	U5	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	
Assessment for Autism		99205	U5	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	26	\$3,612	\$181	\$139	1	
Assessment for Autism		99211	U5	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	4	\$243	\$122	\$61	2	
Assessment for Autism		99212	U5	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	7	14	\$1,541	\$220	\$110	2	
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99214		Encounter	206	625	\$168,450	\$818	\$270	3	
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99215		Encounter	41	53	\$15,245	\$372	\$288	1	
Assessment for Autism		99215	U5	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	
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	

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	16	25	\$26,560	\$1,660	\$1,062	2
Activity Therapy (Children's Waiver)		G0176		Encounter	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	5	5	\$849	\$170	\$170	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	7	21	\$12,793	\$1,828	\$609	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
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	207	220	\$87,589	\$423	\$398	1
Assessment for Autism		H0031	U5	Encounter	29	41	\$30,749	\$1,060	\$750	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	101	102	\$59,904	\$593	\$587	1
Treatment Planning		H0032		Encounter	217	302	\$76,649	\$353	\$254	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	114	263	\$54,537	\$478	\$207	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	17	\$1,391	\$464	\$82	6
Home Based Services		H0036		15 Minutes	2	187	\$13,754	\$6,877	\$74	94
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	2	4	\$220	\$110	\$55	2
Community Living Supports in Independent living/own home		H0043		Per diem	75	23,720	\$4,441,625	\$59,222	\$187	316
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	42	140	\$19,758	\$470	\$141	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	4	4	\$565	\$141	\$141	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	27	204	\$11,556	\$428	\$57	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	130	158,759	\$629,480	\$4,842	\$4	1,221
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	74	202,907	\$920,776	\$12,443	\$5	2,742
Community Living Supports (15 Minutes)		H2015		15 Minutes	335	985,639	\$4,555,284	\$13,598	\$5	2,942
Community Living Supports (Daily)		H2016		Per Diem	177	56,639	\$9,352,199	\$52,837	\$165	320
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	15	4,688	\$99,846	\$6,656	\$21	313
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	19	18,342	\$366,975	\$19,314	\$20	965
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	130	69,314	\$452,629	\$3,482	\$7	533
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	3,044	\$15,085	\$7,543	\$5	1,522
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	28	3,480	\$131,229	\$4,687	\$38	124
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	17	78	\$35,776	\$2,104	\$459	5
Family Training		S5111	HA	Encounter	1	11	\$5,045	\$5,045	\$459	11
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	18	59	\$5,476	\$304	\$93	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	2	227	\$82,605	\$41,303	\$364	114
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	11	150	\$7,556	\$687	\$50	14
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	12	47	\$25,571	\$2,131	\$544	4
Environmental Modification		S5165		Service	2	2	\$666	\$333	\$333	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	933	\$47,006	\$47,006	\$50	933
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	19	43	\$8,260	\$435	\$192	2
Health Services		S9446		Encounter	35	542	\$30,012	\$857	\$55	15
Health Services		S9470		Encounter	2	2	\$127	\$64	\$64	1
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	7	21	\$938	\$134	\$45	3
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	2	2	\$338	\$169	\$169	1
Health Services		T1002		Up to 15 min	214	1,587	\$137,234	\$641	\$86	7
Respite Care		T1005		15 Minutes	74	42,713	\$99,204	\$1,341	\$2	577
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
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	727	15,955	\$1,533,190	\$2,109	\$96	22
Targeted Case Management		T1017		15 minutes	161	2,939	\$227,996	\$1,416	\$78	18
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	39	\$4,510	\$644	\$116	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	177	56,639	\$1,751,733	\$9,897	\$31	320
Assessments		T1023		Encounter	9	10	\$4,638	\$515	\$464	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	31	\$4,652	\$665	\$150	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>North Country</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	1	49	\$1,311	\$1,311	\$27	49
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	78	834	\$110,373	\$1,415	\$132	11
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	\$156	\$156	\$156	1
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	\$10,242	\$5,121	\$5,121	1
Respite Care		T2036		Per session. One night = one session	18	130	\$32,379	\$1,799	\$249	7
Respite Care		T2037		Per session. One day/partial day = one session	2	24	\$1,439	\$720	\$60	12
Housing Assistance		T2038		Service	3	140	\$9,046	\$3,015	\$65	47
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
<b>Total Population and Cost</b>					<b>845</b>		<b>\$26,029,330</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northeast 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	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	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	2	4	\$3,736	\$1,868	\$934	2
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	2	16	\$2,485	\$1,242	\$155	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	\$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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**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 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
Assessment for Autism		90785	U5		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	\$379	\$379	\$379	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	15	15	\$7,123	\$475	\$475	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	6	14	\$1,056	\$176	\$75	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	12	62	\$7,223	\$602	\$116	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	2	16	\$2,741	\$1,370	\$171	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
Assessment for Autism		90838	U5	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	3	\$461	\$461	\$154	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	6	\$405	\$405	\$67	6
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	18	69	\$31,953	\$1,775	\$463	4
Assessment for Autism		96101	U5	Hour	8	20	\$11,338	\$1,417	\$567	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	13	\$733	\$733	\$56	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	38	45	\$10,046	\$264	\$223	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
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	7	10	\$604	\$86	\$60	1
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
Prosthetic Training (Children's Waiver)		97761		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	7	29	\$1,428	\$204	\$49	4
Assessment or Health Services		97803		15 Minutes	61	630	\$31,690	\$520	\$50	10
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	4	4	\$1,054	\$264	\$264	1
Assessment for Autism		99204	U5	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	3	4	\$1,497	\$499	\$374	1
Assessment for Autism		99205	U5	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	1	2	\$421	\$421	\$211	2
Assessment for Autism		99211	U5	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	2	\$134	\$134	\$67	2
Assessment for Autism		99212	U5	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	32	48	\$9,842	\$308	\$205	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99214	U5	Encounter	128	316	\$77,398	\$605	\$245	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	12	19	\$6,305	\$525	\$332	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	1	2	\$52	\$52	\$26	2
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northeast Michigan**

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	17	17	\$2,588	\$152	\$152	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	45	58	\$24,612	\$547	\$424	1
Assessment for Autism		H0031	U5	Encounter	25	42	\$28,018	\$1,121	\$667	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	67	67	\$2,085	\$31	\$31	1
Treatment Planning		H0032		Encounter	123	177	\$88,427	\$719	\$500	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	8	9	\$1,589	\$199	\$177	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	17	26	\$3,770	\$222	\$145	2
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	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	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	4	47	\$2,333	\$583	\$50	12
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	43	473	\$131,530	\$3,059	\$278	11
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	11	47	\$2,914	\$265	\$62	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	4	494	\$4,329	\$1,082	\$9	124
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	259	762,505	\$5,054,561	\$19,516	\$7	2,944
Community Living Supports (Daily)		H2016		Per Diem	114	38,131	\$3,857,007	\$33,833	\$101	334
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	21	21,170	\$564,076	\$26,861	\$27	1,008
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	147	\$14,431	\$14,431	\$98	147
Supported Employment Services		H2023		15 minutes	129	120,071	\$1,531,055	\$11,869	\$13	931
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	2,981	\$18,373	\$9,186	\$6	1,491
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	21	3,455	\$124,527	\$5,930	\$36	165
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	22	\$4,203	\$1,401	\$191	7
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	17	60	\$9,024	\$531	\$150	4
Home Care Training, Non-Family (Children's Waiver)		S5116		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	4	4	\$838	\$209	\$209	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	34	344	\$532,871	\$15,673	\$1,549	10
Environmental Modification		S5165		Service	2	6	\$26,019	\$13,010	\$4,337	3
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	\$287	\$287	\$287	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	5	35	\$1,181	\$236	\$34	7
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	2	70	\$4,502	\$2,251	\$64	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	115	118	\$32,246	\$280	\$273	1
Health Services		T1002		Up to 15 min	107	1,254	\$181,992	\$1,701	\$145	12
Respite Care		T1005		15 Minutes	59	64,476	\$136,482	\$2,313	\$2	1,093
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
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	367	7,272	\$1,193,441	\$3,252	\$164	20
Targeted Case Management		T1017		15 minutes	5	70	\$7,155	\$1,431	\$102	14
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	40	\$5,868	\$1,467	\$147	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	114	38,069	\$2,669,832	\$23,420	\$70	334
Assessments		T1023		Encounter	5	8	\$2,665	\$533	\$333	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	115	1,846	\$43,403	\$377	\$24	16
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	85	905	\$143,495	\$1,688	\$159	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
<b>Total Population and Cost</b>					<b>389</b>		<b>\$16,661,834</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northern Lakes**

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	23	\$17,129	\$5,710	\$745	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	6	\$489	\$489	\$82	6
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	5	36	\$31,788	\$6,358	\$883	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	5	74	\$12,477	\$2,495	\$169	15
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	\$524	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$1,282	\$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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Northern Lakes**

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			7	8	\$1,281	\$183	\$160	1
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	45	45	\$30,000	\$667	\$667	1
Assessment for Autism		90792	U5	Encounter	19	19	\$13,389	\$705	\$705	1
Mental Health: Outpatient Care		90832		30 Minutes	13	32	\$3,207	\$247	\$100	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	34	188	\$24,357	\$716	\$130	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	17	189	\$45,677	\$2,687	\$242	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
Assessment for Autism		90838	U5	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	2	\$230	\$230	\$115	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	30	206	\$20,434	\$681	\$99	7
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	68	\$5,166	\$574	\$76	8
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	19	20	\$4,429	\$233	\$221	1
Speech & Language Therapy		92507		Encounter	10	462	\$34,417	\$3,442	\$74	46
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	2	2	\$604	\$302	\$302	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	53	170	\$28,454	\$537	\$167	3
Assessment for Autism		96101	U5	Hour	81	227	\$39,312	\$485	\$173	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	3	3	\$728	\$243	\$243	1
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	9	9	\$5,617	\$624	\$624	1
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	9	90	\$8,843	\$983	\$98	10
Physical Therapy		97001		Encounter	32	32	\$6,871	\$215	\$215	1
Physical Therapy		97002		Encounter	1	1	\$183	\$183	\$183	1
Occupational Therapy		97003		Encounter	41	42	\$11,121	\$271	\$265	1
Occupational Therapy		97004		Encounter	4	4	\$274	\$69	\$69	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	10	1,176	\$31,570	\$3,157	\$27	118
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	14	62	\$3,183	\$227	\$51	4
Occupational or Physical Therapy		97750		15 Minutes	21	76	\$3,443	\$164	\$45	4
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	1	8	\$346	\$346	\$43	8
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	4	\$185	\$185	\$46	4
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Northern Lakes</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
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	
Assessment for Autism		99203	U5	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	
Assessment for Autism		99204	U5	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	
Assessment for Autism		99205	U5	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	44	64	\$11,436	\$260	\$179	1	
Assessment for Autism		99211	U5	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	4	10	\$1,465	\$366	\$147	3	
Assessment for Autism		99212	U5	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	116	194	\$40,298	\$347	\$208	2	
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99214		Encounter	222	608	\$129,400	\$583	\$213	3	
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0	
Established Patient Evaluation and Management		99215		Encounter	9	11	\$2,547	\$283	\$232	1	
Assessment for Autism		99215	U5	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	
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	

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Northern Lakes										
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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	2	2	\$1,328	\$664	\$664	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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	23	25	\$3,070	\$133	\$123	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**Northern Lakes**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	7	130	\$41,842	\$5,977	\$322	19
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
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	203	252	\$78,741	\$388	\$312	1
Assessment for Autism		H0031	U5	Encounter	146	331	\$88,573	\$607	\$268	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	194	195	\$101,098	\$521	\$518	1
Treatment Planning		H0032		Encounter	91	133	\$38,838	\$427	\$292	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	74	244	\$67,189	\$908	\$275	3
Substance Abuse: Pharmacological 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	8	1,048	\$75,840	\$9,480	\$72	131
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	336	\$7,794	\$3,897	\$23	168
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	25	5,959	\$1,549,977	\$61,999	\$260	238
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	103	301	\$50,716	\$492	\$168	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	102	371	\$48,901	\$479	\$132	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	55	416	\$40,983	\$745	\$99	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	233	374,011	\$1,341,272	\$5,757	\$4	1,605
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	59	139,714	\$474,224	\$8,038	\$3	2,368
Community Living Supports (15 Minutes)		H2015		15 Minutes	468	944,261	\$3,961,750	\$8,465	\$4	2,018
Community Living Supports (Daily)		H2016		Per Diem	239	72,768	\$7,543,255	\$31,562	\$104	304
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	59	49,079	\$743,421	\$12,600	\$15	832
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	10	16,188	\$245,879	\$24,588	\$15	1,619
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	105	71,514	\$316,414	\$3,013	\$4	681
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	11	11,862	\$64,980	\$5,907	\$5	1,078
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	62	15,944	\$317,081	\$5,114	\$20	257
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	6	64	\$11,468	\$1,911	\$179	11
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	6	\$1,075	\$1,075	\$179	6
BHT/ABA Family Training		S5111	U5	Encounter	49	465	\$33,995	\$694	\$73	9
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$7,222	\$7,222	\$7,222	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
Private Duty Nursing	0582	S9123		Hour	1	803	\$22,635	\$22,635	\$28	803
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	1	1,494	\$33,690	\$33,690	\$23	1,494
Private Duty Nursing		S9124	TT	Hour	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	1	6,802	\$71,273	\$71,273	\$10	6,802
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	87	92	\$23,885	\$275	\$260	1
Health Services		T1002		Up to 15 min	78	764	\$53,442	\$685	\$70	10
Respite Care		T1005		15 Minutes	96	96,271	\$385,018	\$4,011	\$4	1,003
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	4	5,592	\$19,550	\$4,888	\$3	1,398
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	221	5,940	\$539,539	\$2,441	\$91	27
Targeted Case Management		T1017		15 minutes	695	15,039	\$1,385,518	\$1,993	\$92	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	138	\$14,448	\$2,408	\$105	23
Personal Care in Licensed Specialized Residential Setting		T1020		Days	239	73,562	\$5,222,323	\$21,851	\$71	308
Assessments		T1023		Encounter	54	107	\$51,704	\$957	\$483	2
Prevention Services - Direct Model		T1027		15 Minutes	1	4	\$144	\$144	\$36	4
Enhanced Medical Supplies or Pharmacy		T1999		Items	4	21	\$5,736	\$1,434	\$273	5
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Northern Lakes										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	2	\$891	\$446	\$446	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
Out of Home Prevocational Service		T2015		Hour	36	2,452	\$122,220	\$3,395	\$50	68
Targeted Case Management (Children's Waiver)		T2023		Month	3	32	\$11,597	\$3,866	\$362	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	102	\$14,634	\$1,220	\$143	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	\$3,224	\$3,224	\$3,224	1
Respite Care		T2036		Per session. One night = one session	1	5	\$866	\$866	\$173	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
<b>Total Population and Cost</b>					<b>965</b>		<b>\$25,811,419</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	2	17	\$17,688	\$8,844	\$1,040	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	20	23	\$13,088	\$654	\$569	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	24	24	\$13,595	\$566	\$566	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	13	70	\$7,791	\$599	\$111	5
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	15	65	\$11,583	\$772	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	14	60	\$14,581	\$1,041	\$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
Assessment for Autism		90838	U5	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	\$248	\$248	\$248	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	3	20	\$4,408	\$1,469	\$220	7
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	38	\$9,251	\$1,322	\$243	5
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	23	97	\$16,419	\$714	\$169	4
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	17	18	\$4,138	\$243	\$230	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	15	135	\$13,712	\$914	\$102	9
Assessment for Autism		96101	U5	Hour	1	17	\$3,226	\$3,226	\$190	17
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	\$853	\$853	\$853	1
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	17	169	\$12,863	\$757	\$76	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	74	77	\$26,746	\$361	\$347	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	90	\$5,317	\$1,063	\$59	18
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	22	\$3,175	\$3,175	\$144	22
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	3	23	\$2,584	\$861	\$112	8
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
Prosthetic Training (Children's Waiver)		97761		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	35	217	\$10,771	\$308	\$50	6
Assessment or Health Services		97803		15 Minutes	39	156	\$7,722	\$198	\$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	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	66	723	\$35,913	\$544	\$50	11
Assessment for Autism		99211	U5	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	10	13	\$1,372	\$137	\$106	1
Assessment for Autism		99212	U5	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	83	203	\$33,017	\$398	\$163	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	84	271	\$61,079	\$727	\$225	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	20	31	\$10,790	\$540	\$348	2
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	3	3	\$577	\$192	\$192	1
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	5	5	\$1,236	\$247	\$247	1
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	1	1	\$577	\$577	\$577	1
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	12	33	\$4,428	\$369	\$134	3
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	27	76	\$18,870	\$699	\$248	3
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	1	1	\$453	\$453	\$453	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Northpointe 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	1	1	\$124	\$124	\$124	1
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	6	11	\$8,481	\$1,414	\$771	2
Activity Therapy (Children's Waiver)		G0176		Encounter	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	4	4	\$1,079	\$270	\$270	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	59	63	\$15,912	\$270	\$253	1
Assessment for Autism		H0031	U5	Encounter	18	29	\$7,724	\$429	\$266	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	57	57	\$50,160	\$880	\$880	1
Treatment Planning		H0032		Encounter	122	181	\$24,486	\$201	\$135	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	78	510	\$110,233	\$1,413	\$216	7
Substance Abuse: Pharmacological 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	8	829	\$31,128	\$3,891	\$38	104
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	21	1,826	\$19,708	\$938	\$11	87
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	10	3,037	\$325,511	\$32,551	\$107	304
Respite		H0045		Days	41	772	\$129,778	\$3,165	\$168	19
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	20	\$899	\$180	\$45	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	19	119	\$29,331	\$1,544	\$246	6
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	23	112	\$6,267	\$272	\$56	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	157	239,998	\$1,196,237	\$7,619	\$5	1,529
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	28	75,441	\$346,289	\$12,367	\$5	2,694
Community Living Supports (15 Minutes)		H2015		15 Minutes	63	41,286	\$584,517	\$9,278	\$14	655
Community Living Supports (Daily)		H2016		Per Diem	103	27,462	\$3,648,353	\$35,421	\$133	267
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	6	3,123	\$94,794	\$15,799	\$30	521
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	3	703	\$17,614	\$5,871	\$25	234
Wraparound		H2021		15 Minutes	1	148	\$8,664	\$8,664	\$59	148
Supported Employment Services		H2023		15 minutes	33	59,787	\$294,287	\$8,918	\$5	1,812
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	3	2,224	\$24,997	\$8,332	\$11	741
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	9	628	\$55,810	\$6,201	\$89	70
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	4	5	\$698	\$175	\$140	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	2	17	\$736	\$368	\$43	9
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		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	21	\$2,904	\$2,904	\$138	21
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	2	\$7,540	\$7,540	\$3,770	2
Enhanced Medical Equipment-Supplies		S5199		Items	5	6	\$577	\$115	\$96	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	6	\$2,104	\$1,052	\$351	3
Health Services		S9446		Encounter	20	655	\$252,307	\$12,615	\$385	33
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	27	28	\$6,319	\$234	\$226	1
Health Services		T1002		Up to 15 min	105	480	\$19,309	\$184	\$40	5
Respite Care		T1005		15 Minutes	53	43,994	\$149,110	\$2,813	\$3	830
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
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	339	11,887	\$598,212	\$1,765	\$50	35
Targeted Case Management		T1017		15 minutes	9	259	\$13,028	\$1,448	\$50	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	8	\$450	\$225	\$56	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	98	27,462	\$691,695	\$7,058	\$25	280
Assessments		T1023		Encounter	3	4	\$2,632	\$877	\$658	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	54	563	\$22,107	\$409	\$39	10
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	48	377	\$64,395	\$1,342	\$171	8
Enhanced Medical Equipment-Supplies		T2028		Items	31	54	\$3,710	\$120	\$69	2
Enhanced Medical Equipment-Supplies		T2029		Items	3	5	\$1,660	\$553	\$332	2
Respite Care		T2036		Per session. One night = one session	12	151	\$3,649	\$304	\$24	13
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	1	1	\$15,929	\$15,929	\$15,929	1
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
<b>Total Population and Cost</b>					<b>361</b>		<b>\$9,259,525</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	27	268	\$43,409	\$1,608	\$162	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	12	97	\$15,656	\$1,305	\$161	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	7	62	\$10,626	\$1,518	\$171	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	177	179	\$45,886	\$259	\$256	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	20	20	\$5,005	\$250	\$250	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	10	36	\$2,038	\$204	\$57	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	140	1,540	\$156,246	\$1,116	\$101	11
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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	87	730	\$88,140	\$1,013	\$121	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
Assessment for Autism		90838	U5	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	2	\$175	\$88	\$88	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	31	379	\$43,159	\$1,392	\$114	12
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	29	185	\$16,064	\$554	\$87	6
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	2	\$187	\$187	\$93	2
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		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	32	32	\$37,798	\$1,181	\$1,181	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	8	\$2,178	\$726	\$272	3
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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	37	38	\$9,214	\$249	\$242	1
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	4	18	\$1,395	\$349	\$78	5
Physical Therapy		97001		Encounter	1	1	\$117	\$117	\$117	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	149	150	\$187,891	\$1,261	\$1,253	1
Occupational Therapy		97004		Encounter	2	3	\$373	\$187	\$124	2
Occupational or Physical Therapy		97110		15 Minutes	1	11	\$2,312	\$2,312	\$210	11
Occupational or Physical Therapy		97112		15 Minutes	1	8	\$420	\$420	\$53	8
Occupational or Physical Therapy		97113		15 Minutes	1	198	\$3,465	\$3,465	\$18	198
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
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	50	236	\$49,613	\$992	\$210	5
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	16	69	\$14,505	\$907	\$210	4
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	4	10	\$401	\$100	\$40	3
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	635	2,338	\$386,381	\$608	\$165	4
Assessment for Autism		99212	U5	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	164	380	\$55,114	\$336	\$145	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	52	98	\$14,047	\$270	\$143	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	3	4	\$490	\$163	\$123	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	172	223	\$97,282	\$566	\$436	1
Activity Therapy (Children's Waiver)		G0176		Encounter	50	1,689	\$126,016	\$2,520	\$75	34
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	6	6	\$506	\$84	\$84	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

<b>Oakland</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	2,132	2,849	\$1,178,791	\$553	\$414	1
Assessment for Autism		H0031	U5	Encounter	95	119	\$42,818	\$451	\$360	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1,383	3,808	\$850,969	\$615	\$223	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	884	3,819	\$989,029	\$1,119	\$259	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	9	23	\$3,143	\$349	\$137	3
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	3	76	\$4,866	\$1,622	\$64	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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	537	172,891	\$29,341,949	\$54,641	\$170	322
Respite		H0045		Days	386	3,207	\$432,039	\$1,119	\$135	8
Peer Directed and Operated Support Services		H0046		Encounter	27	155	\$10,598	\$393	\$68	6
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	89	264	\$43,396	\$488	\$164	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	87	325	\$62,625	\$720	\$193	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	18	79	\$9,294	\$516	\$118	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	1,312	4,597,566	\$17,376,440	\$13,244	\$4	3,504
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,759	4,173,773	\$19,108,513	\$10,863	\$5	2,373
Community Living Supports (Daily)		H2016		Per Diem	947	314,557	\$20,295,776	\$21,432	\$65	332
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	2	694	\$10,599	\$5,300	\$15	347
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	96	82,427	\$1,357,471	\$14,140	\$16	859
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	497	1,021,830	\$5,917,569	\$11,907	\$6	2,056
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	2,642	\$10,864	\$5,432	\$4	1,321
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	86	8,164	\$253,588	\$2,949	\$31	95
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	338	1,458	\$283,358	\$838	\$194	4
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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	44	76	\$10,155	\$231	\$134	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	538	4,495	\$479,572	\$891	\$107	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	2	8	\$798	\$399	\$100	4
Environmental Modification		S5165		Service	22	23	\$106,419	\$4,837	\$4,627	1
Enhanced Medical Equipment-Supplies		S5199		Items	14	14	\$11,673	\$834	\$834	1
Occupational or Physical Therapy		S8990		Encounter	59	70	\$46,600	\$790	\$666	1
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	1	297	\$2,353	\$2,353	\$8	297
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$117	\$117	\$117	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	44	65	\$8,514	\$193	\$131	1
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	8	67,327	\$527,197	\$65,900	\$8	8,416
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	356	386	\$277,015	\$778	\$718	1
Health Services		T1002		Up to 15 min	328	1,100	\$151,349	\$461	\$138	3
Respite Care		T1005		15 Minutes	1,100	1,019,123	\$3,155,918	\$2,869	\$3	926
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
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	4,250	137,218	\$11,297,056	\$2,658	\$82	32
Targeted Case Management		T1017		15 minutes	6	303	\$24,828	\$4,138	\$82	51
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	947	314,557	\$23,898,866	\$25,236	\$76	332
Assessments		T1023		Encounter	2	2	\$1,403	\$702	\$702	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	19	\$2,231	\$446	\$117	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	273	260,950	\$3,824,640	\$14,010	\$15	956
Targeted Case Management (Children's Waiver)		T2023		Month	76	760	\$310,690	\$4,088	\$409	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2,508	27,047	\$1,640,277	\$654	\$61	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	49	418	\$48,338	\$986	\$116	9
Respite Care		T2037		Per session. One day/partial day = one session	13	255	\$12,600	\$969	\$49	20
Housing Assistance		T2038		Service	19	110	\$126,654	\$6,666	\$1,151	6
Enhanced Medical Equipment-Supplies		T2039		Items	11	12	\$42,623	\$3,875	\$3,552	1
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
<b>Total Population and Cost</b>					<b>4,411</b>		<b>\$145,007,690</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Ottawa**

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	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	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Ottawa**

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	12	12	\$11,618	\$968	\$968	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	3	3	\$2,984	\$995	\$995	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	2	17	\$2,190	\$1,095	\$129	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	1	4	\$1,210	\$1,210	\$303	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	0	0	\$0	\$0	\$0	0
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	22	28	\$7,398	\$336	\$264	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	3	3	\$1,184	\$395	\$395	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	44	\$1,449	\$725	\$33	22
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	59	254	\$29,198	\$495	\$115	4
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	42	42	\$2,297	\$55	\$55	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	45	405	\$26,277	\$584	\$65	9
Occupational Therapy		97004		Encounter	6	22	\$3,383	\$564	\$154	4
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	49	\$1,020	\$1,020	\$21	49
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	6	12	\$2,384	\$397	\$199	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
Prosthetic Training (Children's Waiver)		97761		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	\$173	\$173	\$35	5
Assessment or Health Services		97803		15 Minutes	1	6	\$136	\$136	\$23	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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Ottawa										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	29	38	\$7,143	\$246	\$188	1
Assessment for Autism		99212	U5	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	96	281	\$87,523	\$912	\$311	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	47	80	\$36,828	\$784	\$460	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$3,290	\$658	\$658	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Ottawa 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	\$1,498	\$1,498	\$1,498	1
Activity Therapy (Children's Waiver)		G0176		Encounter	1	21	\$1,149	\$1,149	\$55	21
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	220	243	\$72,190	\$328	\$297	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

<b>Ottawa</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	205	216	\$227,351	\$1,109	\$1,053	1
Assessment for Autism		H0031	U5	Encounter	48	48	\$28,337	\$590	\$590	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		219	219	\$139,666	\$638	\$638	1
Treatment Planning		H0032		Encounter	166	359	\$145,020	\$874	\$404	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	156	858	\$272,182	\$1,745	\$317	6
Substance Abuse: Pharmacological 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	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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	15	2,766	\$354,166	\$23,611	\$128	184
Respite		H0045		Days	69	453	\$52,760	\$765	\$116	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	25	67	\$4,766	\$191	\$71	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	26	179	\$21,078	\$811	\$118	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
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	137	379,707	\$955,461	\$6,974	\$3	2,772
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	7	5,783	\$104,722	\$14,960	\$18	826
Community Living Supports (15 Minutes)		H2015		15 Minutes	358	978,447	\$3,708,439	\$10,359	\$4	2,733
Community Living Supports (Daily)		H2016		Per Diem	192	65,921	\$5,545,083	\$28,881	\$84	343
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	8	3,703	\$42,314	\$5,289	\$11	463
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	18	25,970	\$340,559	\$18,920	\$13	1,443
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	53	35,708	\$288,745	\$5,448	\$8	674
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	22	3,282	\$81,880	\$3,722	\$25	149
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	40	267	\$66,691	\$1,667	\$250	7
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	5	5	\$206	\$41	\$41	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	13	72	\$11,478	\$883	\$159	6
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	38	204	\$28,926	\$761	\$142	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	3	3,143	\$117,961	\$39,320	\$38	1,048
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	3	6,887	\$246,226	\$82,075	\$36	2,296
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	44	\$4,596	\$4,596	\$104	44
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	2	10	\$294	\$147	\$29	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	122	123	\$111,373	\$913	\$905	1
Health Services		T1002		Up to 15 min	45	346	\$110,709	\$2,460	\$320	8
Respite Care		T1005		15 Minutes	127	64,423	\$240,162	\$1,891	\$4	507
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	1	864	\$5,484	\$5,484	\$6	864
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	7	1,859	\$6,351	\$907	\$3	266
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	596	10,824	\$2,330,191	\$3,910	\$215	18
Targeted Case Management		T1017		15 minutes	2	95	\$10,695	\$5,348	\$113	48
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	192	65,974	\$5,442,457	\$28,346	\$82	344
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	52	\$281	\$281	\$5	52
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Ottawa</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	1	157	\$23,373	\$23,373	\$149	157
Targeted Case Management (Children's Waiver)		T2023		Month	17	183	\$118,375	\$6,963	\$647	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	231	2,081	\$89,132	\$386	\$43	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
<b>Total Population and Cost</b>					<b>692</b>		<b>\$21,580,012</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	6	122	\$96,329	\$16,055	\$790	20
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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			1	1	\$855	\$855	\$855	1
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	8	8	\$3,986	\$498	\$498	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	23	23	\$16,941	\$737	\$737	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	14	53	\$3,502	\$250	\$66	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	14	51	\$13,160	\$940	\$258	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	18	109	\$42,452	\$2,358	\$389	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
Assessment for Autism		90838	U5	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	16	\$5,860	\$2,930	\$366	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	9	29	\$10,487	\$1,165	\$362	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	5	46	\$10,612	\$2,122	\$231	9
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	6	53	\$23,644	\$3,941	\$446	9
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	7	7	\$3,346	\$478	\$478	1
Speech & Language Therapy		92523		Encounter	22	24	\$11,827	\$538	\$493	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	7	7	\$5,092	\$727	\$727	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	39	\$4,257	\$304	\$109	3
Assessment for Autism		96101	U5	Hour	6	18	\$751	\$125	\$42	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	8	123	\$22,117	\$2,765	\$180	15
Physical Therapy		97001		Encounter	8	8	\$2,654	\$332	\$332	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	94	104	\$67,518	\$718	\$649	1
Occupational Therapy		97004		Encounter	1	2	\$858	\$858	\$429	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	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	6	83	\$6,351	\$1,059	\$77	14
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	8	45	\$5,855	\$732	\$130	6
Occupational or Physical Therapy		97535		15 Minutes	5	50	\$4,443	\$889	\$89	10
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
Prosthetic Training (Children's Waiver)		97761		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	24	99	\$20,321	\$847	\$205	4
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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	\$202	\$202	\$202	1
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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	11	11	\$7,321	\$666	\$666	1
Assessment for Autism		99205	U5	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	14	\$1,626	\$542	\$116	5
Assessment for Autism		99211	U5	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	7	7	\$769	\$110	\$110	1
Assessment for Autism		99212	U5	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	151	429	\$79,319	\$525	\$185	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	122	378	\$106,513	\$873	\$282	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	7	7	\$3,177	\$454	\$454	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Pathways 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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			1	10	\$351	\$351	\$35	10
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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	222	\$119,930	\$23,986	\$540	44
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
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	7	392	\$39,278	\$5,611	\$100	56
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	73	76	\$39,857	\$546	\$524	1
Assessment for Autism		H0031	U5	Encounter	21	39	\$3,479	\$166	\$89	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	178	228	\$64,960	\$365	\$285	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	117	672	\$195,742	\$1,673	\$291	6
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	35	\$836	\$418	\$24	18
Home Based Services		H0036		15 Minutes	9	372	\$17,932	\$1,992	\$48	41
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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	47	15,887	\$3,024,633	\$64,354	\$190	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	22	57	\$36,034	\$1,638	\$632	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	22	119	\$49,975	\$2,272	\$420	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	43	263	\$17,871	\$416	\$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	163	231,168	\$1,072,925	\$6,582	\$5	1,418
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	268	267,815	\$2,582,471	\$9,636	\$10	999
Community Living Supports (Daily)		H2016		Per Diem	331	56,375	\$4,937,599	\$14,917	\$88	170
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	11	8,576	\$231,238	\$21,022	\$27	780
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	86	\$4,461	\$2,231	\$52	43
Supported Employment Services		H2023		15 minutes	36	19,441	\$183,770	\$5,105	\$9	540
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	11	917	\$25,011	\$2,274	\$27	83
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	41	179	\$31,406	\$766	\$175	4
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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	68	\$7,928	\$1,321	\$117	11
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	2	602	\$74,970	\$37,485	\$125	301
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	1	11	\$468	\$468	\$43	11
Environmental Modification		S5165		Service	1	1	\$15	\$15	\$15	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	3	7,490	\$251,736	\$83,912	\$34	2,497
Private Duty Nursing		S9124	TT	Hour	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	14	71	\$21,134	\$1,510	\$298	5
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	9	9	\$5,681	\$631	\$631	1
Health Services		T1002		Up to 15 min	3	81	\$6,622	\$2,207	\$82	27
Respite Care		T1005		15 Minutes	118	76,508	\$186,733	\$1,582	\$2	648
Respite Care		T1005	TD	15 Minutes	1	42	\$184	\$184	\$4	42
Respite Care		T1005	TE	15 Minutes	1	72	\$310	\$310	\$4	72
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
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	512	9,157	\$890,863	\$1,740	\$97	18
Targeted Case Management		T1017		15 minutes	66	1,066	\$96,106	\$1,456	\$90	16
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	55	\$4,917	\$1,229	\$89	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	243	55,238	\$5,371,766	\$22,106	\$97	227
Assessments		T1023		Encounter	17	27	\$12,782	\$752	\$473	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	15	692	\$23,375	\$1,558	\$34	46
Transportation		T2001		Encounter	1	340	\$10,162	\$10,162	\$30	340

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Pathways</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	2	493	\$5,602	\$2,801	\$11	247
Targeted Case Management (Children's Waiver)		T2023		Month	5	32	\$15,149	\$3,030	\$473	6
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	13	134	\$22,577	\$1,737	\$168	10
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	\$33	\$33	\$33	1
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	\$9	\$9	\$9	1
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	1	1	\$74	\$74	\$74	1
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
<b>Total Population and Cost</b>					<b>605</b>		<b>\$20,271,097</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	17	\$12,792	\$12,792	\$752	17
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	2	11	\$8,077	\$4,038	\$734	6
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$163	\$163	\$163	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	8	8	\$3,050	\$381	\$381	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	6	7	\$713	\$119	\$102	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	37	171	\$23,960	\$648	\$140	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	21	39	\$6,538	\$311	\$168	2
Substance abuse: Outpatient Care		90837	HF	60 Minutes	1	1	\$166	\$166	\$166	1
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	1	2	\$105	\$105	\$52	2
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	14	\$1,273	\$637	\$91	7
Physical Therapy		97001		Encounter	4	5	\$324	\$81	\$65	1
Physical Therapy		97002		Encounter	6	17	\$344	\$57	\$20	3
Occupational Therapy		97003		Encounter	2	2	\$304	\$152	\$152	1
Occupational Therapy		97004		Encounter	4	8	\$129	\$32	\$16	2
Occupational or Physical Therapy		97110		15 Minutes	6	19	\$371	\$62	\$20	3
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
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
Prosthetic Training (Children's Waiver)		97761		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	12	\$395	\$99	\$33	3
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	2	\$230	\$115	\$115	1
Assessment for Autism		99211	U5	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	94	317	\$39,010	\$415	\$123	3
Assessment for Autism		99212	U5	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	12	14	\$1,140	\$95	\$81	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1	1	\$82	\$82	\$82	1
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	1	6	\$436	\$436	\$73	6
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	1	2	\$407	\$407	\$204	2
Assessment		H0002		Encounter	27	28	\$4,033	\$149	\$144	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	22	22	\$4,071	\$185	\$185	1
Assessment for Autism		H0031	U5	Encounter	13	20	\$7,943	\$611	\$397	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	41	52	\$6,649	\$162	\$128	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	285	\$22,052	\$7,351	\$77	95
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	18	\$159	\$79	\$9	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	1	220	\$12,244	\$12,244	\$56	220
Community Living Supports in Independent living/own home		H0043		Per diem	7	2,552	\$376,667	\$53,810	\$148	365
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	1	2	\$95	\$95	\$48	2
Behavior Treatment Plan Review		H2000		Encounter	6	16	\$823	\$137	\$51	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	18	73	\$4,480	\$249	\$61	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	1	5	\$140	\$140	\$28	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2	2,367	\$12,245	\$6,122	\$5	1,184
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	87	297,520	\$932,562	\$10,719	\$3	3,420
Community Living Supports (Daily)		H2016		Per Diem	46	15,378	\$1,497,256	\$32,549	\$97	334
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	9	12,255	\$259,825	\$28,869	\$21	1,362
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	2	958	\$21,313	\$10,657	\$22	479
Wraparound		H2021		15 Minutes	2	110	\$9,706	\$4,853	\$88	55
Supported Employment Services		H2023		15 minutes	13	1,120	\$16,447	\$1,265	\$15	86
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	10	12,058	\$37,979	\$3,798	\$3	1,206
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	9	1,396	\$63,621	\$7,069	\$46	155
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	7	31	\$2,463	\$352	\$79	4
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$10,129	\$10,129	\$10,129	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	7	31	\$3,874	\$553	\$125	4
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	14	14	\$869	\$62	\$62	1
Health Services		T1002		Up to 15 min	71	214	\$11,620	\$164	\$54	3
Respite Care		T1005		15 Minutes	26	45,458	\$209,445	\$8,056	\$5	1,748
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	14	6,209	\$13,583	\$970	\$2	444
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	147	2,065	\$171,886	\$1,169	\$83	14
Targeted Case Management		T1017		15 minutes	55	1,108	\$93,094	\$1,693	\$84	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	46	15,378	\$1,448,462	\$31,488	\$94	334
Assessments		T1023		Encounter	10	19	\$7,835	\$784	\$412	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	15	\$882	\$294	\$59	5
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,519	\$1,519	\$127	12
Enhanced Medical Equipment-Supplies		T2028		Items	2	18	\$2,639	\$1,319	\$147	9
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	2	\$448	\$448	\$224	2
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
<b>Total Population and Cost</b>					<b>222</b>		<b>\$5,369,067</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	17	\$17,408	\$5,803	\$1,024	6
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	14	141	\$62,252	\$4,447	\$442	10
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	2	13	\$2,576	\$1,288	\$198	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	25	\$17,557	\$8,779	\$702	13
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	3	\$3,155	\$3,155	\$1,052	3
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Saginaw										
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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	14	14	\$6,069	\$433	\$433	1
Assessment for Autism		90791	U5	Encounter	1	1	\$586	\$586	\$586	1
Assessment		90792		Encounter	47	47	\$20,894	\$445	\$445	1
Assessment for Autism		90792	U5	Encounter	10	10	\$7,361	\$736	\$736	1
Mental Health: Outpatient Care		90832		30 Minutes	30	58	\$12,260	\$409	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	152	995	\$170,770	\$1,123	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	67	272	\$121,909	\$1,820	\$448	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
Assessment for Autism		90838	U5	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	6	37	\$15,555	\$2,592	\$420	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	27	109	\$30,134	\$1,116	\$276	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	2	3	\$2,201	\$1,100	\$734	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	14	240	\$99,957	\$7,140	\$416	17
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	83	2,103	\$337,842	\$4,070	\$161	25
Speech & Language Therapy		92508		Encounter	17	32	\$3,958	\$233	\$124	2
Speech & Language Therapy		92521		Encounter	1	1	\$124	\$124	\$124	1
Speech & Language Therapy		92522		Encounter	3	3	\$342	\$114	\$114	1
Speech & Language Therapy		92523		Encounter	55	55	\$14,313	\$260	\$260	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	6	29	\$3,533	\$589	\$122	5
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	4	4	\$515	\$129	\$129	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	22	\$6,696	\$1,116	\$304	4
Assessment for Autism		96101	U5	Hour	18	19	\$2,935	\$163	\$154	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	51	606	\$70,614	\$1,385	\$117	12
Physical Therapy		97001		Encounter	45	46	\$7,775	\$173	\$169	1
Physical Therapy		97002		Encounter	4	4	\$515	\$129	\$129	1
Occupational Therapy		97003		Encounter	117	121	\$17,168	\$147	\$142	1
Occupational Therapy		97004		Encounter	80	82	\$7,894	\$99	\$96	1
Occupational or Physical Therapy		97110		15 Minutes	37	1,622	\$100,556	\$2,718	\$62	44
Occupational or Physical Therapy		97112		15 Minutes	21	383	\$21,199	\$1,009	\$55	18
Occupational or Physical Therapy		97113		15 Minutes	12	57	\$3,525	\$294	\$62	5
Occupational or Physical Therapy		97116		15 Minutes	16	123	\$7,606	\$475	\$62	8
Occupational or Physical Therapy		97124		15 Minutes	3	27	\$1,670	\$557	\$62	9
Occupational or Physical Therapy		97140		15 Minutes	6	108	\$6,687	\$1,114	\$62	18
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	73	3,931	\$243,317	\$3,333	\$62	54
Occupational or Physical Therapy		97532		15 Minutes	2	3	\$405	\$203	\$135	2
Occupational or Physical Therapy		97533		15 Minutes	27	1,105	\$48,549	\$1,798	\$44	41
Occupational or Physical Therapy		97535		15 Minutes	7	62	\$2,910	\$416	\$47	9
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	1	5	\$309	\$309	\$62	5
Prosthetic Training (Children's Waiver)		97761		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	26	94	\$5,862	\$225	\$62	4
Assessment or Health Services		97803		15 Minutes	48	196	\$12,120	\$253	\$62	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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$108	\$54	\$54	1
Assessment for Autism		99203	U5	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	2	2	\$1,030	\$515	\$515	1
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	69	94	\$33,149	\$480	\$353	1
Assessment for Autism		99211	U5	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	249	466	\$58,660	\$236	\$126	2
Assessment for Autism		99212	U5	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	298	820	\$72,911	\$245	\$89	3
Assessment for Autism		99213	U5	Encounter	7	8	\$1,759	\$251	\$220	1
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	189	566	\$205,555	\$1,088	\$363	3
Assessment for Autism		99214	U5	Encounter	30	88	\$33,281	\$1,109	\$378	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	13	\$7,399	\$569	\$569	1
Assessment for Autism		99215	U5	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	1	2	\$275	\$275	\$137	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
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	7	\$358	\$358	\$51	7
Additional Codes-Physician Services		99232		25 minutes	1	3	\$251	\$251	\$84	3
Additional Codes-Physician Services		99233		35 Minutes	1	2	\$273	\$273	\$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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	7	9	\$2,250	\$321	\$250	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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	66	104	\$23,512	\$356	\$226	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	19	100	\$33,034	\$1,739	\$330	5
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
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	21	1,342	\$90,911	\$4,329	\$68	64
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	274	307	\$216,789	\$791	\$706	1
Assessment for Autism		H0031	U5	Encounter	170	315	\$81,701	\$481	\$259	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	142	142	\$50,191	\$353	\$353	1
Treatment Planning		H0032		Encounter	296	2,942	\$676,224	\$2,285	\$230	10
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	2	\$83	\$83	\$42	2
Home Based Services		H0036		15 Minutes	6	321	\$40,894	\$6,816	\$127	54
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	28	237	\$16,987	\$607	\$72	8
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	57	14,944	\$552,872	\$9,700	\$37	262
Respite		H0045		Days	98	449	\$83,502	\$852	\$186	5
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	2	\$126	\$126	\$63	2

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	52	309	\$76,318	\$1,468	\$247	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	312	597,645	\$2,570,528	\$8,239	\$4	1,916
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	56	60,424	\$213,051	\$3,804	\$4	1,079
Community Living Supports (15 Minutes)		H2015		15 Minutes	459	1,641,487	\$9,189,791	\$20,021	\$6	3,576
Community Living Supports (Daily)		H2016		Per Diem	175	58,156	\$4,731,154	\$27,035	\$81	332
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	94	113,189	\$3,601,331	\$38,312	\$32	1,204
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	9	2,050	\$65,775	\$7,308	\$32	228
Wraparound		H2021		15 Minutes	4	105	\$27,787	\$6,947	\$265	26
Supported Employment Services		H2023		15 minutes	78	151,724	\$1,198,417	\$15,364	\$8	1,945
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	33	54,402	\$167,398	\$5,073	\$3	1,649
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	88	10,677	\$339,884	\$3,862	\$32	121
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	54	262	\$160,721	\$2,976	\$613	5
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	2	6	\$1,182	\$591	\$197	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	44	\$11,014	\$11,014	\$250	44
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	3	4	\$7,260	\$2,420	\$1,815	1
Enhanced Medical Equipment-Supplies		S5199		Items	8	10	\$2,606	\$326	\$261	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	17	88	\$16,088	\$946	\$183	5
Health Services		S9446		Encounter	6	17	\$7,788	\$1,298	\$458	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	16	565	\$82,326	\$5,145	\$146	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	137	150	\$62,739	\$458	\$418	1
Health Services		T1002		Up to 15 min	4	18	\$1,022	\$255	\$57	5
Respite Care		T1005		15 Minutes	230	235,932	\$779,286	\$3,388	\$3	1,026
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	3	3,150	\$11,246	\$3,749	\$4	1,050
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	20	10,673	\$37,755	\$1,888	\$4	534
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	988	29,223	\$2,858,904	\$2,894	\$98	30
Targeted Case Management		T1017		15 minutes	108	4,842	\$282,344	\$2,614	\$58	45
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	36	\$5,628	\$1,876	\$156	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	175	58,152	\$4,712,051	\$26,926	\$81	332
Assessments		T1023		Encounter	77	137	\$77,547	\$1,007	\$566	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	46	142	\$12,599	\$274	\$89	3
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Saginaw</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	4	74	\$2,494	\$623	\$34	19
Targeted Case Management (Children's Waiver)		T2023		Month	3	34	\$13,960	\$4,653	\$411	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	83	903	\$113,377	\$1,366	\$126	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	8	11	\$8,043	\$1,005	\$731	1
Respite Care		T2036		Per session. One night = one session	75	370	\$155,305	\$2,071	\$420	5
Respite Care		T2037		Per session. One day/partial day = one session	61	597	\$48,830	\$800	\$82	10
Housing Assistance		T2038		Service	2	11	\$389	\$195	\$35	6
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$18,625	\$18,625	\$18,625	1
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
<b>Total Population and Cost</b>					<b>1,213</b>		<b>\$35,476,231</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac 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	26	\$19,167	\$9,584	\$737	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	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	2	15	\$10,927	\$5,464	\$728	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac 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
Assessment for Autism		90785	U5		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	\$689	\$345	\$345	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	23	23	\$11,488	\$499	\$499	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	32	121	\$11,497	\$359	\$95	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	54	449	\$75,524	\$1,399	\$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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	27	175	\$36,017	\$1,334	\$206	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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	2	3	\$555	\$278	\$185	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	5	6	\$753	\$151	\$125	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	12	52	\$8,677	\$723	\$167	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	3	13	\$1,096	\$365	\$84	4
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	45	\$8,262	\$826	\$184	5
Assessment for Autism		96101	U5	Hour	19	69	\$10,334	\$544	\$150	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	3	47	\$5,442	\$1,814	\$116	16
Physical Therapy		97001		Encounter	34	35	\$17,186	\$505	\$491	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	72	81	\$37,729	\$524	\$466	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	376	\$12,009	\$3,002	\$32	94
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	6	1,207	\$45,988	\$7,665	\$38	201
Occupational or Physical Therapy		97140		15 Minutes	2	178	\$10,817	\$5,409	\$61	89
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	30	385	\$23,270	\$776	\$60	13
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	6	17	\$887	\$148	\$52	3
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$156	\$156	\$156	1
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	23	26	\$3,912	\$170	\$150	1
Assessment for Autism		99211	U5	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	89	174	\$35,410	\$398	\$204	2
Assessment for Autism		99212	U5	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	136	417	\$138,816	\$1,021	\$333	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	41	82	\$38,888	\$948	\$474	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	\$382	\$382	\$382	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	146	160	\$72,495	\$497	\$453	1
Assessment for Autism		H0031	U5	Encounter	37	77	\$18,928	\$512	\$246	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	122	472	\$141,600	\$1,161	\$300	4
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	4	\$623	\$312	\$156	2
Home Based Services		H0036		15 Minutes	4	372	\$17,055	\$4,264	\$46	93
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	745	\$19,928	\$2,491	\$27	93
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	13	4,163	\$522,539	\$40,195	\$126	320
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	45	\$2,848	\$237	\$63	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	17	92	\$9,097	\$535	\$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	147	303,140	\$1,827,816	\$12,434	\$6	2,062
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	50	197,912	\$1,193,332	\$23,867	\$6	3,958
Community Living Supports (15 Minutes)		H2015		15 Minutes	92	78,521	\$348,968	\$3,793	\$4	853
Community Living Supports (Daily)		H2016		Per Diem	76	24,857	\$3,061,053	\$40,277	\$123	327
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	15	10,747	\$236,529	\$15,769	\$22	716
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	56	\$1,303	\$434	\$23	19
Supported Employment Services		H2023		15 minutes	1	824	\$1,209	\$1,209	\$1	824
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	15	1,530	\$152,394	\$10,160	\$100	102
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	23	50	\$7,421	\$323	\$148	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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$1,018	\$1,018	\$1,018	1
Enhanced Medical Equipment-Supplies		S5199		Items	4	5	\$91	\$23	\$18	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	2	4	\$542	\$271	\$135	2
Respite Care		T1005		15 Minutes	45	66,176	\$311,287	\$6,917	\$5	1,471
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	8	2,297	\$5,658	\$707	\$2	287
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	287	9,971	\$851,516	\$2,967	\$85	35
Targeted Case Management		T1017		15 minutes	2	94	\$10,455	\$5,228	\$111	47
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	76	24,857	\$1,022,535	\$13,454	\$41	327
Assessments		T1023		Encounter	8	24	\$11,174	\$1,397	\$466	3
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	11	40	\$4,153	\$378	\$104	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	132	\$17,882	\$1,490	\$135	11
Enhanced Medical Equipment-Supplies		T2028		Items	2	4	\$231	\$116	\$58	2
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
<b>Total Population and Cost</b>					<b>308</b>		<b>\$10,437,558</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**Shiawassee**

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	29	\$6,868	\$3,434	\$237	15
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	9	62	\$31,547	\$3,505	\$509	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	19	19	\$7,174	\$378	\$378	1
Assessment for Autism		90791	U5	Encounter	3	3	\$930	\$310	\$310	1
Assessment		90792		Encounter	3	3	\$213	\$71	\$71	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	16	34	\$379	\$24	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	19	145	\$18,384	\$968	\$127	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	18	57	\$10,378	\$577	\$182	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
Assessment for Autism		90838	U5	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	16	\$4,119	\$824	\$257	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	5	12	\$2,483	\$497	\$207	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	0	0	\$0	\$0	\$0	0
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	18	\$1,466	\$1,466	\$81	18
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	18	\$11,195	\$700	\$622	1
Assessment for Autism		96101	U5	Hour	14	19	\$1,557	\$111	\$82	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	19	\$971	\$485	\$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	15	15	\$5,237	\$349	\$349	1
Occupational Therapy		97004		Encounter	1	1	\$2,170	\$2,170	\$2,170	1
Occupational or Physical Therapy		97110		15 Minutes	15	300	\$17,515	\$1,168	\$58	20
Occupational or Physical Therapy		97112		15 Minutes	18	549	\$31,346	\$1,741	\$57	31
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	15	406	\$20,132	\$1,342	\$50	27
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	18	578	\$28,391	\$1,577	\$49	32
Occupational or Physical Therapy		97535		15 Minutes	16	362	\$19,348	\$1,209	\$53	23
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Shiawassee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	15	70	\$4,517	\$301	\$65	5
Assessment for Autism		99212	U5	Encounter	1	2	\$280	\$280	\$140	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	53	107	\$11,730	\$221	\$110	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	61	152	\$20,626	\$338	\$136	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	8	10	\$3,115	\$389	\$311	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	5	5	\$1,684	\$337	\$337	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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	56	59	\$11,367	\$203	\$193	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	151	168	\$83,457	\$553	\$497	1
Assessment for Autism		H0031	U5	Encounter	26	49	\$14,210	\$547	\$290	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	67	132	\$18,948	\$283	\$144	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	9	18	\$2,841	\$316	\$158	2
Substance Abuse: Pharmacological 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	200	\$18,840	\$4,710	\$94	50
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	447	\$19,018	\$4,755	\$43	112
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	3	132	\$16,810	\$5,603	\$127	44
Community Living Supports in Independent living/own home		H0043		Per diem	28	7,147	\$729,977	\$26,071	\$102	255
Respite		H0045		Days	1	2	\$702	\$702	\$351	2
Peer Directed and Operated Support Services		H0046		Encounter	3	32	\$1,370	\$457	\$43	11
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	53	146	\$53,954	\$1,018	\$370	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	31	151	\$28,437	\$917	\$188	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	18	75	\$5,020	\$279	\$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	143	298,122	\$2,369,559	\$16,570	\$8	2,085
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	112	689,343	\$2,260,001	\$20,179	\$3	6,155
Community Living Supports (Daily)		H2016		Per Diem	28	10,099	\$1,765,296	\$63,046	\$175	361
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	21	25,130	\$702,112	\$33,434	\$28	1,197
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	9	\$866	\$866	\$96	9
Supported Employment Services		H2023		15 minutes	62	48,938	\$515,998	\$8,323	\$11	789
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	21	1,321	\$42,722	\$2,034	\$32	63
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	17	108	\$22,170	\$1,304	\$205	6
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$7,843	\$7,843	\$7,843	1
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	\$749	\$749	\$749	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	2	1,300	\$11,067	\$5,534	\$9	650
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	28	36	\$813	\$29	\$23	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	39	24,900	\$35,653	\$914	\$1	638
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
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	261	5,240	\$499,848	\$1,915	\$95	20
Targeted Case Management		T1017		15 minutes	32	935	\$79,610	\$2,488	\$85	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	9,733	\$326,446	\$12,091	\$34	360
Assessments		T1023		Encounter	12	25	\$13,066	\$1,089	\$523	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	9	79	\$2,902	\$322	\$37	9
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	31	329	\$45,402	\$1,465	\$138	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
<b>Total Population and Cost</b>					<b>337</b>		<b>\$9,970,828</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

**St. Clair**

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	13	174	\$113,456	\$8,727	\$652	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	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	22	256	\$191,708	\$8,714	\$749	12
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	4	36	\$6,941	\$1,735	\$193	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	\$5,186	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$5,475	\$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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**St. Clair**

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	4	31	\$10,003	\$2,501	\$323	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	19	19	\$11,927	\$628	\$628	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	91	95	\$60,251	\$662	\$634	1
Assessment for Autism		90792	U5	Encounter	1	1	\$1,005	\$1,005	\$1,005	1
Mental Health: Outpatient Care		90832		30 Minutes	57	193	\$16,399	\$288	\$85	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	108	549	\$66,061	\$612	\$120	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	69	614	\$125,075	\$1,813	\$204	9
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	1	1	\$179	\$179	\$179	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	16	30	\$6,844	\$428	\$228	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

St. Clair Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	67	351	\$60,713	\$906	\$173	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	41	806	\$118,292	\$2,885	\$147	20
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	29	130	\$9,880	\$341	\$76	4
Assessment for Autism		96101	U5	Hour	3	8	\$1,132	\$377	\$142	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

St. Clair Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	25	319	\$27,557	\$1,102	\$86	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	46	46	\$11,516	\$250	\$250	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	1	\$38	\$38	\$38	1
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	7	364	\$4,374	\$625	\$12	52
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	67	575	\$22,406	\$334	\$39	9
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	29	347	\$14,138	\$488	\$41	12
Occupational or Physical Therapy		97535		15 Minutes	29	182	\$7,029	\$242	\$39	6
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

St. Clair Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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	1	1	\$279	\$279	\$279	1
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	23	\$4,849	\$242	\$211	1
Assessment for Autism		99211	U5	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	15	15	\$1,683	\$112	\$112	1
Assessment for Autism		99212	U5	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	316	761	\$139,317	\$441	\$183	2
Assessment for Autism		99213	U5	Encounter	2	10	\$1,730	\$865	\$173	5
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	375	1,455	\$421,637	\$1,124	\$290	4
Assessment for Autism		99214	U5	Encounter	6	38	\$12,102	\$2,017	\$318	6
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	18	24	\$11,611	\$645	\$484	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

St. Clair Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	8	9	\$1,574	\$197	\$175	1
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	6	14	\$3,539	\$590	\$253	2
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	2	3	\$1,396	\$698	\$465	2
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

St. Clair 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	75	146	\$74,407	\$992	\$510	2
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	7	77	\$13,090	\$1,870	\$170	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
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	75	\$10,801	\$5,400	\$144	38
Assessment		H0031		Encounter	213	282	\$128,790	\$605	\$457	1
Assessment for Autism		H0031	U5	Encounter	84	124	\$35,709	\$425	\$288	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	206	205	\$37,277	\$181	\$182	1
Treatment Planning		H0032		Encounter	108	181	\$37,086	\$343	\$205	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	10	18	\$4,253	\$425	\$236	2
Substance Abuse: Pharmacological 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	24	3,847	\$175,211	\$7,300	\$46	160
Home Based Services		H0036	ST	15 Minutes	1	48	\$2,145	\$2,145	\$45	48
Peer Directed and Operated Support Services		H0038		15 minutes	25	461	\$23,420	\$937	\$51	18
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	2	265	\$10,586	\$5,293	\$40	133
Community Living Supports in Independent living/own home		H0043		Per diem	72	23,789	\$3,040,225	\$42,225	\$128	330
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	35	\$1,316	\$263	\$38	7

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	14	153	\$11,350	\$811	\$74	11
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	261	432,071	\$2,785,809	\$10,674	\$6	1,655
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	679	1,701,982	\$8,961,464	\$13,198	\$5	2,507
Community Living Supports (Daily)		H2016		Per Diem	1,312	54,952	\$7,472,300	\$5,695	\$136	42
Behavior Services		H2019		15 Minutes	3	118	\$4,622	\$1,541	\$39	39
Behavior Services		H2019	TT	15 Minutes	4	286	\$10,986	\$2,746	\$38	72
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	33	27,920	\$1,038,817	\$31,479	\$37	846
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	5	227	\$45,208	\$9,042	\$199	45
Supported Employment Services		H2023		15 minutes	26	1,569	\$35,902	\$1,381	\$23	60
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	7	9,600	\$39,455	\$5,636	\$4	1,371
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	33	3,254	\$156,929	\$4,755	\$48	99
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	109	440	\$103,047	\$945	\$234	4
Family Training		S5111	HA	Encounter	8	32	\$6,506	\$813	\$203	4
Family Training		S5111	HM	Encounter	47	363	\$82,248	\$1,750	\$227	8
BHT/ABA Family Training		S5111	U5	Encounter	10	13	\$1,545	\$154	\$119	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	4	\$402	\$134	\$101	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	5	\$1,486	\$1,486	\$297	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	9	10	\$39,772	\$4,419	\$3,977	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	130	\$5,019	\$1,004	\$39	26
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	2	2	\$828	\$414	\$414	1
Health Services		T1002		Up to 15 min	99	1,772	\$110,022	\$1,111	\$62	18
Respite Care		T1005		15 Minutes	113	78,339	\$306,876	\$2,716	\$4	693
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	5	8,679	\$25,983	\$5,197	\$3	1,736
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	1,047	32,555	\$1,386,126	\$1,324	\$43	31
Targeted Case Management		T1017		15 minutes	4	255	\$6,942	\$1,736	\$27	64
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	16	257	\$21,959	\$1,372	\$85	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	257	54,586	\$2,623,045	\$10,206	\$48	212
Assessments		T1023		Encounter	15	18	\$4,830	\$322	\$268	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	28	237	\$32,739	\$1,169	\$138	8
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	13	131	\$19,690	\$1,515	\$150	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	60	610	\$86,337	\$1,439	\$142	10
Enhanced Medical Equipment-Supplies		T2028		Items	4	32	\$12,801	\$3,200	\$400	8
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	7	61	\$3,170	\$453	\$52	9
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	4	5	\$16,855	\$4,214	\$3,371	1
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$1,361	\$1,361	\$1,361	1
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
<b>Total Population and Cost</b>					<b>1,140</b>		<b>\$30,554,049</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
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	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	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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
Assessment for Autism		90785	U5		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	\$211	\$106	\$106	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	2	\$268	\$134	\$134	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	16	46	\$2,885	\$180	\$63	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	36	190	\$19,550	\$543	\$103	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	1	1	\$117	\$117	\$117	1
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	17	61	\$8,632	\$508	\$142	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
Assessment for Autism		90838	U5	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	26	157	\$10,391	\$400	\$66	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
Therapy-Family Therapy		90847		Encounter	16	47	\$4,665	\$292	\$99	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
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	7	10	\$2,952	\$422	\$295	1
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	14	\$650	\$325	\$46	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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: 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
Assessment for Autism		99203	U5	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	5	5	\$1,016	\$203	\$203	1
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	21	\$975	\$487	\$46	11
Assessment for Autism		99211	U5	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	83	186	\$13,493	\$163	\$73	2
Assessment for Autism		99212	U5	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	74	201	\$43,362	\$586	\$216	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	30	45	\$10,735	\$358	\$239	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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	\$275	\$275	\$275	1
Assessment for Autism		99215	U5	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	1	1	\$27	\$27	\$27	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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: 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
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	15	15	\$7,431	\$495	\$495	1
Assessment for Autism		H0031	U5	Encounter	13	15	\$7,688	\$591	\$513	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		33	33	\$28,517	\$864	\$864	1
Treatment Planning		H0032		Encounter	24	25	\$2,271	\$95	\$91	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	481	\$19,037	\$4,759	\$40	120
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	646	\$1,042	\$208	\$2	129
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	1	16	\$25	\$25	\$2	16
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	20	6,005	\$1,045,597	\$52,280	\$174	300
Respite		H0045		Days	25	150	\$25,423	\$1,017	\$169	6
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	23	90	\$42,304	\$1,839	\$470	4

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	24	117	\$24,726	\$1,030	\$211	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	25	\$1,095	\$365	\$44	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	5	9,681	\$35,661	\$7,132	\$4	1,936
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	341,399	\$1,242,743	\$9,071	\$4	2,492
Community Living Supports (Daily)		H2016		Per Diem	47	15,475	\$2,690,307	\$57,241	\$174	329
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	2	263	\$3,817	\$1,909	\$15	132
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1	422	\$8,126	\$8,126	\$19	422
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	18	3,722	\$18,443	\$1,025	\$5	207
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	4	5,437	\$31,287	\$7,822	\$6	1,359
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	3	58	\$2,640	\$880	\$46	19
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	6	\$541	\$180	\$90	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	69	\$18,541	\$3,708	\$269	14
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	15	15	\$919	\$61	\$61	1
Health Services		T1002		Up to 15 min	90	165	\$11,069	\$123	\$67	2
Respite Care		T1005		15 Minutes	16	20,465	\$94,364	\$5,898	\$5	1,279
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
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	179	6,353	\$377,382	\$2,108	\$59	35
Targeted Case Management		T1017		15 minutes	39	1,023	\$93,402	\$2,395	\$91	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	47	15,484	\$948,961	\$20,191	\$61	329
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

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: 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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	21	228	\$28,744	\$1,369	\$126	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
<b>Total Population and Cost</b>					<b>235</b>		<b>\$6,932,309</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	16	\$11,933	\$11,933	\$746	16
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	13	\$9,696	\$9,696	\$746	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	2	11	\$6,952	\$3,476	\$632	6
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	5	50	\$37,468	\$7,494	\$749	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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	\$729	\$243	\$243	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	44	44	\$12,197	\$277	\$277	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	16	38	\$3,666	\$229	\$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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	71	308	\$44,261	\$623	\$144	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	46	169	\$31,746	\$690	\$188	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
Assessment for Autism		90838	U5	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	30	\$5,237	\$5,237	\$175	30
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	13	54	\$8,542	\$657	\$158	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	12	129	\$12,386	\$1,032	\$96	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	2	27	\$2,869	\$1,434	\$106	14
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	1	\$13	\$13	\$13	1
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	11	20	\$5,510	\$501	\$275	2
Assessment for Autism		96102	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	3	6	\$1,803	\$601	\$301	2
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	4	\$602	\$151	\$151	1
Occupational Therapy		97004		Encounter	8	8	\$1,205	\$151	\$151	1
Occupational or Physical Therapy		97110		15 Minutes	13	58	\$685	\$53	\$12	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	15	187	\$8,325	\$555	\$45	12
Assessment for Autism		99211	U5	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	46	63	\$4,130	\$90	\$66	1
Assessment for Autism		99212	U5	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	264	770	\$90,210	\$342	\$117	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	63	113	\$19,249	\$306	\$170	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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	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
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	5	\$179	\$60	\$36	2
Additional Codes-Physician Services		99232		25 minutes	5	9	\$748	\$150	\$83	2
Additional Codes-Physician Services		99233		35 Minutes	2	8	\$483	\$241	\$60	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Summit Pointe 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	70	73	\$20,009	\$286	\$274	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	78	100	\$30,396	\$390	\$304	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$395	\$395	\$395	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1	1	\$66	\$66	\$66	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	22	5,274	\$134,645	\$6,120	\$26	240
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	11	1,732	\$35,560	\$3,233	\$21	157
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	4	1,249	\$136,498	\$34,125	\$109	312
Community Living Supports in Independent living/own home		H0043		Per diem	63	17,581	\$3,142,264	\$49,877	\$179	279
Respite		H0045		Days	13	200	\$52,932	\$4,072	\$265	15
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	41	132	\$9,275	\$226	\$70	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	44	293	\$21,906	\$498	\$75	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	8	30	\$3,938	\$492	\$131	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	44	41,048	\$477,366	\$10,849	\$12	933
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	1,520	\$7,690	\$7,690	\$5	1,520
Community Living Supports (15 Minutes)		H2015		15 Minutes	277	625,518	\$2,375,334	\$8,575	\$4	2,258
Community Living Supports (Daily)		H2016		Per Diem	116	35,771	\$3,322,306	\$28,641	\$93	308
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	6	399	\$12,615	\$2,103	\$32	67
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	18	16,303	\$515,453	\$28,636	\$32	906
Wraparound		H2021		15 Minutes	7	49	\$6,754	\$965	\$138	7
Supported Employment Services		H2023		15 minutes	22	319	\$19,852	\$902	\$62	15
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	3	352	\$21,906	\$7,302	\$62	117
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	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	7	68	\$4,164	\$595	\$61	10
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	4	\$801	\$401	\$200	2
Health Services		S9446		Encounter	11	72	\$7,650	\$695	\$106	7
Health Services		S9470		Encounter	1	12	\$78	\$78	\$6	12
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	2	18,136	\$153,843	\$76,921	\$8	9,068
Private Duty Nursing		T1000	TE	Up to 15 min	1	7,972	\$56,444	\$56,444	\$7	7,972
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	11	\$113	\$113	\$10	11
Respite Care		T1005		15 Minutes	70	84,491	\$213,888	\$3,056	\$3	1,207
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
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	355	5,997	\$1,233,515	\$3,475	\$206	17
Targeted Case Management		T1017		15 minutes	226	7,381	\$946,847	\$4,190	\$128	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	9	103	\$18,135	\$2,015	\$176	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	116	35,796	\$3,181,279	\$27,425	\$89	309
Assessments		T1023		Encounter	11	14	\$13,260	\$1,205	\$947	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	16	128	\$7,523	\$470	\$59	8
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	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
Out of Home Prevocational Service		T2015		Hour	1	1,033	\$10,017	\$10,017	\$10	1,033
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	85	838	\$27,437	\$323	\$33	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	4	\$2,399	\$1,200	\$600	2
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
<b>Total Population and Cost</b>					<b>639</b>		<b>\$16,545,465</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

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	
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	1	161	\$64,118	\$64,118	\$398	161	
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	1	12	\$1,303	\$1,303	\$109	12	
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	1	7	\$1,283	\$1,283	\$183	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	0	0	\$0	\$0	\$0	0	

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	17	17	\$11,731	\$690	\$690	1
Assessment for Autism		90791	U5	Encounter	3	3	\$3,895	\$1,298	\$1,298	1
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	1	1	\$101	\$101	\$101	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	8	35	\$5,913	\$739	\$169	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	5	32	\$11,498	\$2,300	\$359	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
Assessment for Autism		90838	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	\$795	\$265	\$114	2
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	4	4	\$789	\$197	\$197	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	28	\$2,683	\$383	\$96	4
Assessment for Autism		96101	U5	Hour	3	12	\$1,440	\$480	\$120	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	5	73	\$3,774	\$755	\$52	15
Physical Therapy		97001		Encounter	19	19	\$4,354	\$229	\$229	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	71	75	\$30,173	\$425	\$402	1
Occupational Therapy		97004		Encounter	7	7	\$1,717	\$245	\$245	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
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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	76	203	\$33,487	\$441	\$165	3
Assessment for Autism		99212	U5	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	91	225	\$48,448	\$532	\$215	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	44	71	\$24,205	\$550	\$341	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	15	18	\$10,173	\$678	\$565	1
Assessment for Autism		99215	U5	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	1	1	\$27	\$27	\$27	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
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	\$39	\$39	\$8	5
Additional Codes-Physician Services		99232		25 minutes	1	1	\$14	\$14	\$14	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	2	1,172	\$661	\$331	\$1	586
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
Activity Therapy (Children's Waiver)		G0176		Encounter	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	74	74	\$19,311	\$261	\$261	1
Assessment for Autism		H0031	U5	Encounter	28	44	\$43,548	\$1,555	\$990	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	69	69	\$25,365	\$368	\$368	1
Treatment Planning		H0032		Encounter	86	140	\$36,191	\$421	\$259	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	9	585	\$139,366	\$15,485	\$238	65
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	1	\$349	\$349	\$349	1
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	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	2	133	\$11,824	\$5,912	\$89	67
Community Living Supports in Independent living/own home		H0043		Per diem	16	4,918	\$1,118,638	\$69,915	\$227	307
Respite		H0045		Days	11	60	\$6,076	\$552	\$101	5
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	46	158	\$26,011	\$565	\$165	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	4	\$210	\$210	\$53	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	92	222,473	\$1,807,823	\$19,650	\$8	2,418
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	14	58,129	\$191,551	\$13,682	\$3	4,152
Community Living Supports (Daily)		H2016		Per Diem	70	21,784	\$2,470,855	\$35,298	\$113	311
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	12	6,788	\$177,167	\$14,764	\$26	566
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	30	976	\$12,199	\$407	\$12	33
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	11	631	\$35,019	\$3,184	\$55	57
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	1	\$74	\$74	\$74	1
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	1	8,948	\$127,175	\$127,175	\$14	8,948
Assessment		T1001		Encounter	66	69	\$29,765	\$451	\$431	1
Health Services		T1002		Up to 15 min	77	1,203	\$169,816	\$2,205	\$141	16
Respite Care		T1005		15 Minutes	21	3,943	\$11,092	\$528	\$3	188
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
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	6,322	\$866,127	\$3,686	\$137	27
Targeted Case Management		T1017		15 minutes	5	224	\$18,415	\$3,683	\$82	45
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	70	21,782	\$1,356,660	\$19,381	\$62	311
Assessments		T1023		Encounter	3	3	\$1,847	\$616	\$616	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	18	323	\$10,019	\$557	\$31	18
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	59	572	\$12,650	\$214	\$22	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	\$539	\$539	\$539	1
Respite Care		T2036		Per session. One night = one session	11	89	\$8,234	\$749	\$93	8
Respite Care		T2037		Per session. One day/partial day = one session	1	2	\$76	\$76	\$38	2
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					53	0	\$11,483	\$217	\$0	0
Aggregate for J Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>252</b>		<b>\$9,008,096</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	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	4	57	\$46,897	\$11,724	\$823	14
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	82	87	\$26,267	\$320	\$302	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	41	41	\$11,157	\$272	\$272	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	10	18	\$1,936	\$194	\$108	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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	26	97	\$20,516	\$789	\$212	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	20	107	\$32,979	\$1,649	\$308	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
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	14	16	\$3,313	\$237	\$207	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	3	3	\$336	\$112	\$112	1
Therapy-Family Therapy		90846		Encounter	1	12	\$3,250	\$3,250	\$271	12
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	10	21	\$4,483	\$448	\$213	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	5	16	\$1,060	\$212	\$66	3
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	24	40	\$9,371	\$390	\$234	2
Speech & Language Therapy		92507		Encounter	1	4	\$697	\$697	\$174	4
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	1	7	\$2,032	\$2,032	\$290	7
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	20	\$4,483	\$747	\$224	3
Assessment for Autism		96101	U5	Hour	25	166	\$33,843	\$1,354	\$204	7
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	1	5	\$934	\$934	\$187	5
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	3	15	\$1,294	\$431	\$86	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	17	17	\$5,601	\$329	\$329	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	7	12	\$1,035	\$148	\$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	19	206	\$17,319	\$912	\$84	11
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	4	7	\$604	\$151	\$86	2
Occupational or Physical Therapy		97535		15 Minutes	1	19	\$1,639	\$1,639	\$86	19
Occupational or Physical Therapy		97537		15 Minutes	3	10	\$863	\$288	\$86	3
Occupational or Physical Therapy		97542		15 Minutes	1	1	\$86	\$86	\$86	1
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	147	487	\$39,045	\$266	\$80	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	5	14	\$2,009	\$402	\$143	3
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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	\$109	\$55	\$55	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$99	\$99	\$99	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$191	\$96	\$96	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	29	\$2,627	\$657	\$91	7
Additional Codes-Physician Services		99232		25 minutes	1	5	\$496	\$496	\$99	5
Additional Codes-Physician Services		99233		35 Minutes	2	6	\$559	\$279	\$93	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	35	36	\$4,034	\$115	\$112	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	1	\$317	\$317	\$317	1
Assessment for Autism		H0031	U5	Encounter	13	24	\$35,073	\$2,698	\$1,461	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	2	2	\$672	\$336	\$336	1
Treatment Planning		H0032		Encounter	90	131	\$29,464	\$327	\$225	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	68	291	\$65,221	\$959	\$224	4
Substance Abuse: Pharmacological 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	4	49	\$508	\$127	\$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	1	105	\$9,649	\$9,649	\$92	105
Community Living Supports in Independent living/own home		H0043		Per diem	30	7,896	\$1,856,294	\$61,876	\$235	263
Respite		H0045		Days	1	5	\$1,267	\$1,267	\$253	5
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	63	188	\$44,532	\$707	\$237	3

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	72	278	\$64,726	\$899	\$233	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	63	251	\$14,064	\$223	\$56	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	58	82,780	\$818,504	\$14,112	\$10	1,427
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	10	18,683	\$194,339	\$19,434	\$10	1,868
Community Living Supports (15 Minutes)		H2015		15 Minutes	138	210,833	\$1,416,175	\$10,262	\$7	1,528
Community Living Supports (Daily)		H2016		Per Diem	54	16,417	\$1,425,472	\$26,398	\$87	304
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	3	3,504	\$69,369	\$23,123	\$20	1,168
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	11	5,672	\$129,021	\$11,729	\$23	516
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	41	9,828	\$83,471	\$2,036	\$8	240
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	5	7,246	\$60,901	\$12,180	\$8	1,449
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	11	1,103	\$54,604	\$4,964	\$50	100
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	1	\$336	\$336	\$336	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	10	57	\$9,186	\$919	\$161	6
BHT/ABA Family Training		S5111	U5	Encounter	6	19	\$3,155	\$526	\$166	3
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$2,776	\$2,776	\$2,776	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	1	13	\$88	\$88	\$7	13
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	1	10,734	\$87,634	\$87,634	\$8	10,734
Private Duty Nursing		T1000	TE	Up to 15 min	1	4,865	\$35,222	\$35,222	\$7	4,865
Assessment		T1001		Encounter	41	41	\$10,614	\$259	\$259	1
Health Services		T1002		Up to 15 min	1	29	\$313	\$313	\$11	29
Respite Care		T1005		15 Minutes	32	17,705	\$78,782	\$2,462	\$4	553
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	4	2,357	\$7,187	\$1,797	\$3	589
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	145	3,478	\$507,552	\$3,500	\$146	24
Targeted Case Management		T1017		15 minutes	193	3,820	\$642,123	\$3,327	\$168	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	74	\$12,439	\$2,073	\$168	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	55	16,373	\$842,696	\$15,322	\$51	298
Assessments		T1023		Encounter	25	26	\$8,741	\$350	\$336	1
Prevention Services - Direct Model		T1027		15 Minutes	3	50	\$8,405	\$2,802	\$168	17
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	71	\$2,855	\$1,427	\$40	36
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	4	45	\$5,622	\$1,406	\$125	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
<b>Total Population and Cost</b>					<b>463</b>		<b>\$8,920,535</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	8	64	\$47,110	\$5,889	\$736	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	15	131	\$120,152	\$8,010	\$917	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Washtenaw 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	5	34	\$14,074	\$2,815	\$414	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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	5	5	\$1,867	\$373	\$373	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	61	62	\$31,257	\$512	\$504	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	39	139	\$17,089	\$438	\$123	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	69	224	\$42,853	\$621	\$191	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	60	281	\$64,962	\$1,083	\$231	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
Assessment for Autism		90838	U5	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	24	\$6,337	\$1,584	\$264	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	48	263	\$61,447	\$1,280	\$234	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	5	\$1,140	\$1,140	\$228	5
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	45	700	\$225,078	\$5,002	\$322	16
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	17	253	\$36,379	\$2,140	\$144	15
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	8	8	\$1,220	\$152	\$152	1
Speech & Language Therapy		92523		Encounter	1	1	\$155	\$155	\$155	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	39	96	\$27,262	\$699	\$284	2
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	1	4	\$447	\$447	\$112	4
Assessment for Autism		96102	U5	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	4	11	\$1,112	\$278	\$101	3
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	65	797	\$38,575	\$593	\$48	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	29	34	\$22,302	\$769	\$656	1
Occupational Therapy		97004		Encounter	24	43	\$32,264	\$1,344	\$750	2
Occupational or Physical Therapy		97110		15 Minutes	4	240	\$8,472	\$2,118	\$35	60
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	7	520	\$13,660	\$1,951	\$26	74
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	14	768	\$30,889	\$2,206	\$40	55
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	4	140	\$5,321	\$1,330	\$38	35
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
Prosthetic Training (Children's Waiver)		97761		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	8	9	\$1,915	\$239	\$213	1
Assessment or Health Services		97803		15 Minutes	21	92	\$15,812	\$753	\$172	4
Health Services		97804		30 Minutes	1	1	\$739	\$739	\$739	1
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	6	7	\$403	\$67	\$58	1
Assessment for Autism		99211	U5	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	102	140	\$27,404	\$269	\$196	1
Assessment for Autism		99212	U5	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	392	789	\$164,104	\$419	\$208	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	254	589	\$131,164	\$516	\$223	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	24	25	\$8,045	\$335	\$322	1
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	10	12	\$7,303	\$730	\$609	1
Activity Therapy (Children's Waiver)		G0176		Encounter	16	652	\$78,012	\$4,876	\$120	41
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	9	11	\$2,413	\$268	\$219	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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	29	\$5,631	\$1,877	\$194	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
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	382	703	\$269,903	\$707	\$384	2
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		115	123	\$75,945	\$660	\$617	1
Treatment Planning		H0032		Encounter	225	528	\$279,465	\$1,242	\$529	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	16	99	\$89,356	\$5,585	\$903	6
Substance Abuse: Pharmacological 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	10	1,035	\$102,827	\$10,283	\$99	104
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	17	550	\$24,277	\$1,428	\$44	32
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	2	239	\$37,131	\$18,566	\$155	120
Community Living Supports in Independent living/own home		H0043		Per diem	5	579	\$49,597	\$9,919	\$86	116
Respite		H0045		Days	11	147	\$4,200	\$382	\$29	13
Peer Directed and Operated Support Services		H0046		Encounter	21	29	\$13,332	\$635	\$460	1
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	5	\$834	\$278	\$167	2

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	5	\$1,001	\$334	\$200	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	22	132	\$8,853	\$402	\$67	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	216	586,137	\$2,640,267	\$12,223	\$5	2,714
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	192	665,552	\$2,662,208	\$13,866	\$4	3,466
Community Living Supports (15 Minutes)		H2015		15 Minutes	506	7,367,554	\$20,997,529	\$41,497	\$3	14,560
Community Living Supports (Daily)		H2016		Per Diem	101	31,667	\$3,673,372	\$36,370	\$116	314
Behavior Services		H2019		15 Minutes	58	53,281	\$993,767	\$17,134	\$19	919
Behavior Services		H2019	TT	15 Minutes	4	1,046	\$17,018	\$4,255	\$16	262
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	12	\$2,097	\$2,097	\$175	12
Supported Employment Services		H2023		15 minutes	198	179,994	\$1,211,360	\$6,118	\$7	909
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	12	13,575	\$80,636	\$6,720	\$6	1,131
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	65	245	\$38,097	\$586	\$155	4
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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	10	\$2,387	\$398	\$239	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	3	3	\$2,895	\$965	\$965	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	17	190	\$183,322	\$10,784	\$965	11
Environmental Modification		S5165		Service	3	4	\$38,199	\$12,733	\$9,550	1
Enhanced Medical Equipment-Supplies		S5199		Items	8	9	\$3,103	\$388	\$345	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	14	127	\$26,217	\$1,873	\$206	9
Health Services		S9470		Encounter	6	21	\$3,490	\$582	\$166	4
Prevention Services - Direct Model		S9482		15 minutes	14	208	\$13,031	\$931	\$63	15
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	3	19,574	\$963,041	\$321,014	\$49	6,525
Private Duty Nursing		T1000	TE	Up to 15 min	1	232	\$1,575	\$1,575	\$7	232
Assessment		T1001		Encounter	357	361	\$26,837	\$75	\$74	1
Health Services		T1002		Up to 15 min	158	392	\$18,628	\$118	\$48	2
Respite Care		T1005		15 Minutes	161	151,213	\$568,561	\$3,531	\$4	939
Respite Care		T1005	TD	15 Minutes	2	3,036	\$18,277	\$9,138	\$6	1,518
Respite Care		T1005	TE	15 Minutes	2	480	\$1,493	\$746	\$3	240
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	28	19,974	\$136,223	\$4,865	\$7	713
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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	962	14,129	\$2,295,539	\$2,386	\$162	15
Targeted Case Management		T1017		15 minutes	253	3,273	\$540,667	\$2,137	\$165	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	11	\$9,730	\$4,865	\$885	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	98	31,010	\$2,353,969	\$24,020	\$76	316
Assessments		T1023		Encounter	30	41	\$9,668	\$322	\$236	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	217	\$21,800	\$4,360	\$100	43
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Out of Home Prevocational Service		T2015		Hour	29	24,706	\$415,061	\$14,312	\$17	852
Targeted Case Management (Children's Waiver)		T2023		Month	29	292	\$142,662	\$4,919	\$489	10
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	187	1,834	\$209,846	\$1,122	\$114	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	3	3	\$5,344	\$1,781	\$1,781	1
Respite Care		T2036		Per session. One night = one session	2	13	\$7,156	\$3,578	\$550	7
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	20	57	\$17,130	\$857	\$301	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
<b>Total Population and Cost</b>					<b>1,352</b>		<b>\$42,603,292</b>			

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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	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	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	6	\$5,805	\$5,805	\$967	6
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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

West 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 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
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	26	27	\$15,776	\$607	\$584	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$449	\$449	\$449	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	25	100	\$9,636	\$385	\$96	4
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
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	45	171	\$26,332	\$585	\$154	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	50	506	\$106,027	\$2,121	\$210	10
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	10	13	\$5,116	\$512	\$394	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	2	9	\$1,816	\$908	\$202	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	7	55	\$8,264	\$1,181	\$150	8
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	6	28	\$14,847	\$2,475	\$530	5
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	4	4	\$1,754	\$439	\$439	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	15	\$2,889	\$361	\$193	2
Assessment for Autism		96101	U5	Hour	4	5	\$936	\$234	\$187	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	7	81	\$18,048	\$2,578	\$223	12
Physical Therapy		97001		Encounter	15	15	\$2,072	\$138	\$138	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	34	38	\$11,777	\$346	\$310	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	2	\$108	\$108	\$54	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	31	125	\$13,633	\$440	\$109	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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
Prosthetic Training (Children's Waiver)		97761		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	31	79	\$2,790	\$90	\$35	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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	21	25	\$6,656	\$317	\$266	1
Assessment for Autism		99211	U5	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
Assessment for Autism		99212	U5	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	110	432	\$142,504	\$1,295	\$330	4
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	3	3	\$990	\$330	\$330	1
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

West Michigan 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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	22	55	\$18,143	\$825	\$330	3
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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
Activity Therapy (Children's Waiver)		G0176		Encounter	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	22	26	\$5,966	\$271	\$229	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	66	72	\$20,637	\$313	\$287	1
Assessment for Autism		H0031	U5	Encounter	53	131	\$45,919	\$866	\$351	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	119	119	\$55,397	\$466	\$466	1
Treatment Planning		H0032		Encounter	52	65	\$9,090	\$175	\$140	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological 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	6	396	\$28,698	\$4,783	\$72	66
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	2	201	\$9,260	\$4,630	\$46	101
Community Living Supports in Independent living/own home		H0043		Per diem	12	3,444	\$480,886	\$40,074	\$140	287
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	9	\$840	\$120	\$93	1

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	17	39	\$4,267	\$251	\$109	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1	1	\$353	\$353	\$353	1
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	165	86,987	\$491,476	\$2,979	\$6	527
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	4	387	\$2,187	\$547	\$6	97
Community Living Supports (15 Minutes)		H2015		15 Minutes	315	332,701	\$2,598,530	\$8,249	\$8	1,056
Community Living Supports (Daily)		H2016		Per Diem	68	21,592	\$3,086,145	\$45,384	\$143	318
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	21	15,330	\$288,204	\$13,724	\$19	730
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	23	20,007	\$376,131	\$16,354	\$19	870
Wraparound		H2021		15 Minutes	3	328	\$17,623	\$5,874	\$54	109
Supported Employment Services		H2023		15 minutes	24	6,202	\$41,119	\$1,713	\$7	258
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	2	98	\$82	\$41	\$1	49
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	29	3,394	\$180,323	\$6,218	\$53	117
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	28	113	\$26,921	\$961	\$238	4
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	14	21	\$2,096	\$150	\$100	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	3	\$655	\$655	\$218	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	12	\$1,375	\$1,375	\$115	12
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	85	\$5,271	\$165	\$62	3
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	43	43	\$11,273	\$262	\$262	1
Health Services		T1002		Up to 15 min	52	1,030	\$61,100	\$1,175	\$59	20
Respite Care		T1005		15 Minutes	48	39,931	\$231,058	\$4,814	\$6	832
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
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	46	2,174	\$115,896	\$2,519	\$53	47
Targeted Case Management		T1017		15 minutes	267	10,809	\$621,518	\$2,328	\$58	40
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	65	21,539	\$1,648,164	\$25,356	\$77	331
Assessments		T1023		Encounter	5	7	\$4,266	\$853	\$609	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	31	\$4,975	\$1,658	\$160	10
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001	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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	24	\$10,335	\$5,168	\$431	12
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	26	253	\$37,343	\$1,436	\$148	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					0	0	\$0	\$0	\$0	0
Aggregate for J Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>357</b>		<b>\$10,941,746</b>			

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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	1	14	\$9,251	\$9,251	\$661	14
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	1	27	\$21,605	\$21,605	\$800	27
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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

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
Assessment for Autism		90785	U5		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 for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	29	29	\$14,383	\$496	\$496	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	2	11	\$5,754	\$2,877	\$523	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
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	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	\$560	\$560	\$560	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90847		Encounter	2	2	\$1,101	\$551	\$551	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	1	1	\$384	\$384	\$384	1
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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	15	\$2,955	\$739	\$197	4
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	8	\$175	\$175	\$22	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	3	3	\$531	\$177	\$177	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	68	\$1,238	\$248	\$18	14
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	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	5	26	\$473	\$95	\$18	5
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	21	\$382	\$191	\$18	11
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
Prosthetic Training (Children's Waiver)		97761		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
Assessment for Autism		99201	U5	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
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Assessment for Autism		99203	U5	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
Assessment for Autism		99204	U5	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
Assessment for Autism		99205	U5	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	1	11	\$399	\$399	\$36	11
Assessment for Autism		99211	U5	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	\$146	\$73	\$73	1
Assessment for Autism		99212	U5	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	67	187	\$26,902	\$402	\$144	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	2	4	\$636	\$318	\$159	2
Assessment for Autism		99214	U5	Encounter	0	0	\$0	\$0	\$0	0
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
Assessment for Autism		99215	U5	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	1	1	\$98	\$98	\$98	1
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
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	12	\$1,174	\$1,174	\$98	12
Additional Codes-Physician Services		99232		25 minutes	1	6	\$587	\$587	\$98	6
Additional Codes-Physician Services		99233		35 Minutes	1	4	\$391	\$391	\$98	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

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Woodlands Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

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 for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	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	\$236	\$236	\$236	1
Activity Therapy (Children's Waiver)		G0176		Encounter	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	1	\$441	\$441	\$441	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	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
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	30	31	\$13,182	\$439	\$425	1
Assessment for Autism		H0031	U5	Encounter	6	7	\$6,034	\$1,006	\$862	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	34	36	\$7,031	\$207	\$195	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5	33	\$674	\$135	\$20	7
Substance Abuse: Pharmacological 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	5	821	\$105,417	\$21,083	\$128	164
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	653	\$15,927	\$7,964	\$24	327
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	36	10,288	\$1,911,540	\$53,098	\$186	286
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	18	102	\$30,963	\$1,720	\$304	6

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	28	\$2,914	\$364	\$104	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
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	6	2,501	\$10,051	\$1,675	\$4	417
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	80	264,212	\$1,445,863	\$18,073	\$5	3,303
Community Living Supports (Daily)		H2016		Per Diem	28	7,804	\$1,054,338	\$37,655	\$135	279
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	1	129	\$2,517	\$2,517	\$20	129
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1	1,011	\$19,725	\$19,725	\$20	1,011
Wraparound		H2021		15 Minutes	1	1	\$586	\$586	\$586	1
Supported Employment Services		H2023		15 minutes	3	214	\$18,020	\$6,007	\$84	71
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	4	9,382	\$87,533	\$21,883	\$9	2,346
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
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training to Home Care Client ABA		S5108	U5	15 Minutes	1	150	\$8,967	\$8,967	\$60	150
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	24	92	\$35,354	\$1,473	\$384	4
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
Home Care Training, Non-Family (Children's Waiver)		S5116		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

**CMHSP Cost Data by Service Category**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$12,278	\$12,278	\$12,278	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
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	Hour	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	6	\$624	\$104	\$104	1
Health Services		T1002		Up to 15 min	3	3	\$149	\$50	\$50	1
Respite Care		T1005		15 Minutes	28	35,386	\$146,510	\$5,232	\$4	1,264
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
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	134	3,498	\$330,422	\$2,466	\$94	26
Targeted Case Management		T1017		15 minutes	22	966	\$79,094	\$3,595	\$82	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	7,804	\$694,783	\$24,814	\$89	279
Assessments		T1023		Encounter	5	6	\$4,696	\$939	\$783	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	\$702	\$702	\$351	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan  
 QMPmeasures@michigan.gov

<b>Woodlands</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	5,040	\$1,993	\$996	\$0	2,520
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
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	10	97	\$12,481	\$1,248	\$129	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	5	\$746	\$746	\$149	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
<b>Total Population and Cost</b>					<b>184</b>		<b>\$6,150,914</b>			