

SECTION 904 (2)(c) Part 3  
TOTAL CMHSP COSTS BY SERVICE  
CATEGORY AND CMHSP  
FY 2015

Children with Serious Emotional Disturbance  
(SED)

## Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2015 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2014 to September 30, 2015 and submitted to MDHHS by March 2, 2016. The data in this section represent the total costs associated with providing mental health services to children with a serious emotional disturbance (child MI) by service category for each of the 46 CMHSPs within the State of Michigan.

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

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	44	\$14,167	\$14,167	\$322	44
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	19	167	\$51,565	\$2,714	\$309	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15	192	\$129,093	\$8,606	\$672	13
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	11	49	\$18,963	\$1,724	\$387	4
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	39	39	\$14,430	\$370	\$370	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	21	21	\$7,770	\$370	\$370	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	31	52	\$7,904	\$255	\$152	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	31	61	\$14,213	\$458	\$233	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	59	300	\$105,900	\$1,795	\$353	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	24	58	\$23,896	\$996	\$412	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	54	186	\$76,632	\$1,419	\$412	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	2	\$52	\$52	\$26	2
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	8	8	\$1,200	\$150	\$150	1
Occupational Therapy		97004		Encounter	1	1	\$120	\$120	\$120	1
Occupational or Physical Therapy		97110		15 Minutes	2	5	\$200	\$100	\$40	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	4	19	\$741	\$185	\$39	5
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	7	96	\$3,840	\$549	\$40	14
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	3	3	\$264	\$88	\$88	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	185	\$19,610	\$245	\$106	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	5	5	\$930	\$186	\$186	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	4	4	\$988	\$247	\$247	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	13	13	\$598	\$46	\$46	1
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$184	\$92	\$92	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$272	\$136	\$136	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	10	30	\$690	\$69	\$23	3
Additional Codes-Physician Services		99232		25 minutes	7	13	\$598	\$85	\$46	2
Additional Codes-Physician Services		99233		35 Minutes	7	8	\$736	\$105	\$92	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	7	16	\$2,016	\$288	\$126	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	3	48	\$33,744	\$11,248	\$703	16
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	187	195	\$60,060	\$321	\$308	1
Assessment for Autism		H0031	U5	Encounter	1	2	\$1,087	\$1,087	\$544	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	64	124	\$40,176	\$628	\$324	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	26	38	\$12,312	\$474	\$324	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	148	12,835	\$1,010,800	\$6,830	\$79	87
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	1	1	\$101	\$101	\$101	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	\$202	\$202	\$101	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	18	76	\$3,420	\$190	\$45	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	3,585	\$11,974	\$2,993	\$3	896
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	23	777	\$144,522	\$6,284	\$186	34
Wraparound (SED Waiver)		H2022		Days	1	4	\$744	\$744	\$186	4
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	4	55	\$15,015	\$3,754	\$273	14
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	14	3,983	\$15,374	\$1,098	\$4	285
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	10	112	\$10,528	\$1,053	\$94	11
Targeted Case Management		T1017		15 minutes	10	200	\$8,600	\$860	\$43	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	61	79	\$21,251	\$348	\$269	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	76	\$7,510	\$626	\$99	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	42	275	\$48,125	\$1,146	\$175	7
Respite Care		T2037		Per session. One day/partial day = one session	3	21	\$3,675	\$1,225	\$175	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>377</b>		<b>\$1,946,792</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	107	\$71,128	\$7,113	\$665	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	20	231	\$81,134	\$4,057	\$351	12
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$1,285	\$428	\$428	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	147	147	\$62,900	\$428	\$428	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	203	286	\$27,920	\$138	\$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	328	536	\$87,879	\$268	\$164	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	527	1,154	\$322,357	\$612	\$279	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	87	139	\$25,090	\$288	\$181	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	444	821	\$146,709	\$330	\$179	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	51	286	\$19,992	\$392	\$70	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	8	\$1,663	\$1,663	\$208	8
Assessment for Autism		96101	U5	Hour	2	12	\$742	\$371	\$62	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
Assessment for Autism		96118	U5	Hour	6	6	\$1,603	\$267	\$267	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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$438	\$438	\$438	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	1	1	\$146	\$146	\$146	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	178	276	\$37,957	\$213	\$138	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	579	1,118	\$195,607	\$338	\$175	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	10	10	\$1,785	\$179	\$179	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$208	\$104	\$104	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	431	437	\$124,563	\$289	\$285	1
Assessment for Autism		H0031	U5	Encounter	11	11	\$3,754	\$341	\$341	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	541	563	\$55,043	\$102	\$98	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	73	1,574	\$85,668	\$1,174	\$54	22
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
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	140	543	\$30,734	\$220	\$57	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	1,134	17,444	\$106,942	\$94	\$6	15
Community Living Supports (15 Minutes)		H2015		15 Minutes	14	4,806	\$44,136	\$3,153	\$9	343
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	904	\$23,759	\$2,376	\$26	90
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	22	4,859	\$215,780	\$9,808	\$44	221
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	97	1,859	\$54,290	\$560	\$29	19
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	6	141	\$2,578	\$430	\$18	24
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	444	\$9,513	\$453	\$21	21
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	876	1,622	\$327,450	\$374	\$202	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	58	58	\$5,875	\$101	\$101	1
Health Services		T1002		Up to 15 min	30	66	\$1,714	\$57	\$26	2
Respite Care		T1005		15 Minutes	31	12,919	\$55,289	\$1,784	\$4	417
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	7	53	\$3,830	\$547	\$72	8
Targeted Case Management		T1017		15 minutes	1,035	7,334	\$988,959	\$956	\$135	7
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	25	25	\$3,651	\$146	\$146	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	5	\$644	\$215	\$129	2
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>669</b>		<b>\$3,230,715</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	102	\$29,376	\$14,688	\$288	51
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	238	\$190,887	\$10,605	\$802	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	7	\$4,485	\$4,485	\$641	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	13	13	\$3,246	\$250	\$250	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	44	65	\$7,711	\$175	\$119	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	153	574	\$134,587	\$880	\$234	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	1	5	\$1,084	\$1,084	\$217	5
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	113	337	\$117,482	\$1,040	\$349	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	42	83	\$19,570	\$466	\$236	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	1	2	\$434	\$434	\$217	2
Therapy-Family Therapy		90847		Encounter	120	412	\$97,088	\$809	\$236	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	1	3	\$671	\$671	\$224	3
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	40	196	\$15,548	\$389	\$79	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	1	10	\$717	\$717	\$72	10
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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	1	3	\$714	\$714	\$238	3
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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Barry Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	20	30	\$2,393	\$120	\$80	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	22	49	\$4,141	\$188	\$85	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	11	22	\$2,663	\$242	\$121	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	22	23	\$6,422	\$292	\$279	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	194	203	\$78,517	\$405	\$387	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	70	71	\$24,220	\$346	\$341	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	10	621	\$53,185	\$5,319	\$86	62
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
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	37	219	\$24,298	\$657	\$111	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	4	144	\$15,110	\$3,777	\$105	36
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	2	2	\$106	\$53	\$53	1
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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	2	\$336	\$168	\$168	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	1	16	\$581	\$581	\$36	16
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	1	\$55	\$55	\$55	1
Respite Care		T1005		15 Minutes	6	9,837	\$30,761	\$5,127	\$3	1,640
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	19	\$4,696	\$1,174	\$247	5
Targeted Case Management		T1017		15 minutes	9	106	\$23,660	\$2,629	\$223	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	21	31	\$14,739	\$702	\$475	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>296</b>		<b>\$909,480</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	335	\$111,555	\$22,311	\$333	67
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	135	\$84,707	\$4,706	\$627	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	65	743	\$487,641	\$7,502	\$656	11
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	6	\$150	\$150	\$25	6
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	173	174	\$62,510	\$361	\$359	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	159	257	\$19,398	\$122	\$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	633	5,924	\$461,453	\$729	\$78	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	301	1,152	\$297,207	\$987	\$258	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	103	160	\$12,267	\$119	\$77	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	351	1,215	\$100,802	\$287	\$83	3
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	\$1,047	\$1,047	\$105	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	152	482	\$26,348	\$173	\$55	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	\$1,477	\$1,477	\$369	4
Assessment for Autism		96101	U5	Hour	1	2	\$190	\$190	\$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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	5	24	\$984	\$197	\$41	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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	1	1	\$107	\$107	\$107	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$122	\$122	\$122	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	\$215	\$215	\$215	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	\$357	\$357	\$357	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	9	9	\$986	\$110	\$110	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	34	53	\$6,219	\$183	\$117	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	310	634	\$78,203	\$252	\$123	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	497	1,541	\$317,732	\$639	\$206	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	12	\$3,635	\$404	\$303	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	64	78	\$10,152	\$159	\$130	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	11	44	\$1,666	\$151	\$38	4
Additional Codes-Physician Services		99232		25 minutes	63	544	\$37,882	\$601	\$70	9
Additional Codes-Physician Services		99233		35 Minutes	5	13	\$1,336	\$267	\$103	3
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	73	74	\$6,490	\$89	\$88	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	535	564	\$126,544	\$237	\$224	1
Assessment for Autism		H0031	U5	Encounter	2	3	\$1,123	\$561	\$374	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	495	512	\$82,328	\$166	\$161	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	181	15,510	\$911,882	\$5,038	\$59	86
Home Based Services		H0036	ST	15 Minutes	5	83	\$4,869	\$974	\$59	17
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
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	42	162	\$10,442	\$249	\$64	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	37	28,703	\$153,057	\$4,137	\$5	776
Community Living Supports (Daily)		H2016		Per Diem	1	30	\$10,628	\$10,628	\$354	30
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	2	203	\$71,916	\$35,958	\$354	102
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	262	\$4,965	\$2,482	\$19	131
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	6	162	\$16,468	\$2,745	\$102	27
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	27	\$1,381	\$690	\$51	14
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	41	183	\$18,414	\$449	\$101	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	14	1,073	\$62,939	\$4,496	\$59	77
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	153	153	\$37,050	\$242	\$242	1
Health Services		T1002		Up to 15 min	14	18	\$1,906	\$136	\$106	1
Respite Care		T1005		15 Minutes	8	2,538	\$5,555	\$694	\$2	317
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	42	764	\$78,741	\$1,875	\$103	18
Targeted Case Management		T1017		15 minutes	255	7,927	\$471,656	\$1,850	\$59	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	124	176	\$111,632	\$900	\$634	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	1	\$11	\$11	\$11	1
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	19	95	\$4,612	\$243	\$49	5
Respite Care		T2037		Per session. One day/partial day = one session	1	15	\$309	\$309	\$21	15
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>1,076</b>		<b>\$4,321,269</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	258	\$74,304	\$24,768	\$288	86
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	15	162	\$133,236	\$8,882	\$822	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	57	\$39,078	\$5,583	\$686	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	7	\$2,192	\$313	\$313	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	127	127	\$48,065	\$378	\$378	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	119	193	\$26,730	\$225	\$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	282	856	\$144,601	\$513	\$169	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	1	4	\$498	\$498	\$124	4
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	248	660	\$138,741	\$559	\$210	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	1	7	\$1,303	\$1,303	\$186	7
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	14	16	\$4,344	\$310	\$271	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	63	513	\$135,212	\$2,146	\$264	8
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	22	133	\$16,383	\$745	\$123	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$244	\$244	\$244	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	5	52	\$4,684	\$937	\$90	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$665	\$665	\$665	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	8	9	\$650	\$81	\$72	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	2	\$343	\$172	\$172	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	352	988	\$220,353	\$626	\$223	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	25	31	\$8,801	\$352	\$284	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	6	7	\$541	\$90	\$77	1
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	19	22	\$1,920	\$101	\$87	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	6	\$249	\$62	\$41	2
Additional Codes-Physician Services		99232		25 minutes	19	36	\$3,158	\$166	\$88	2
Additional Codes-Physician Services		99233		35 Minutes	21	93	\$8,046	\$383	\$87	4
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	1	1	\$109	\$109	\$109	1
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	531	547	\$152,921	\$288	\$280	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$281	\$281	\$281	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	10	11	\$1,724	\$172	\$157	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	185	12,411	\$1,179,033	\$6,373	\$95	67
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	1	18	\$3,621	\$3,621	\$201	18
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	12	43	\$2,016	\$168	\$47	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	11,394	\$44,220	\$2,764	\$4	712
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	1	605	\$13,658	\$13,658	\$23	605
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	10	532	\$51,211	\$5,121	\$96	53
Wraparound (SED Waiver)		H2022		Days	4	46	\$19,299	\$4,825	\$420	12
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	1	109	\$984	\$984	\$9	109
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	36	5,018	\$433,444	\$12,040	\$86	139
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	31	\$1,400	\$1,400	\$45	31
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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	2	\$399	\$399	\$200	2
Respite Care		T1005		15 Minutes	3	1,542	\$4,594	\$1,531	\$3	514
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	816	\$2,702	\$2,702	\$3	816
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	14	258	\$45,526	\$3,252	\$176	18
Targeted Case Management		T1017		15 minutes	60	3,451	\$344,455	\$5,741	\$100	58
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	153	218	\$91,731	\$600	\$421	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	20	\$3,119	\$1,560	\$156	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			1	0	\$3,440	\$3,440	\$0	0
<b>Total Population and Cost</b>					<b>956</b>		<b>\$3,414,228</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	48	792	\$559,462	\$11,655	\$706	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	8	48	\$33,294	\$4,162	\$694	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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			22	105	\$3,929	\$179	\$37	5
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	\$577	\$144	\$144	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	171	177	\$35,900	\$210	\$203	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	94	288	\$37,940	\$404	\$132	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	135	436	\$80,275	\$595	\$184	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	227	1,346	\$364,811	\$1,607	\$271	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	287	515	\$186,739	\$651	\$363	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	402	2,188	\$424,723	\$1,057	\$194	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	35	322	\$54,231	\$1,549	\$168	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	5	5	\$1,150	\$230	\$230	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		92610		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
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		Encounter	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	5	8	\$2,544	\$509	\$318	2
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	4	66	\$2,586	\$647	\$39	17
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$127	\$127	\$127	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	1	1	\$44	\$44	\$44	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	367	1,834	\$110,862	\$302	\$60	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	2	2	\$176	\$88	\$88	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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	2	\$211	\$211	\$106	2
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	3	28	\$5,001	\$1,667	\$179	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	766	1,791	\$134,693	\$176	\$75	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	\$905	\$905	\$226	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	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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	937	1,054	\$447,136	\$477	\$424	1
Assessment for Autism		H0031	U5	Encounter	6	6	\$2,545	\$424	\$424	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	52	54	\$15,141	\$291	\$280	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	1,108	81,713	\$7,644,547	\$6,899	\$94	74
Home Based Services		H0036	ST	15 Minutes	40	909	\$85,040	\$2,126	\$94	23
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	1	1	\$760	\$760	\$760	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	271	2,526	\$280,431	\$1,035	\$111	9
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	1	35	\$3,886	\$3,886	\$111	35
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	296	37,736	\$260,213	\$879	\$7	127
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	55	683	\$160,276	\$2,914	\$235	12
Wraparound (SED Waiver)		H2022		Days	178	1,966	\$738,324	\$4,148	\$376	11
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	18	63	\$10,534	\$585	\$167	4
Family Training		S5111	HA	Encounter	43	250	\$38,291	\$890	\$153	6
Family Training		S5111	HM	Encounter	25	156	\$26,085	\$1,043	\$167	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	1	3	\$367	\$367	\$122	3
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$190	\$190	\$190	1
Health Services		T1002		Up to 15 min	246	743	\$57,978	\$236	\$78	3
Respite Care		T1005		15 Minutes	183	118,158	\$890,092	\$4,864	\$8	646
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	1	10	\$1,034	\$1,034	\$103	10
Targeted Case Management		T1017		15 minutes	24	474	\$44,686	\$1,862	\$94	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	54	62	\$19,027	\$352	\$307	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	3	6	\$2,609	\$870	\$435	2
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>1,896</b>		<b>\$12,769,372</b>			

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	20	\$7,094	\$7,094	\$355	20
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$1	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	63	\$71,309	\$10,187	\$1,132	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	27	207	\$144,659	\$5,358	\$699	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	289	291	\$189,206	\$655	\$650	1
Assessment for Autism		90791	U5	Encounter	3	3	\$1,056	\$352	\$352	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	48	67	\$5,142	\$107	\$77	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	140	415	\$40,949	\$292	\$99	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	215	907	\$145,011	\$674	\$160	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	242	669	\$116,270	\$480	\$174	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	820	5,591	\$874,822	\$1,067	\$156	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	10	50	\$4,024	\$402	\$80	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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	6	18	\$11,690	\$1,948	\$649	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
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		Encounter	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	3	3	\$945	\$315	\$315	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	1	5	\$447	\$447	\$89	5
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$1,914	\$479	\$479	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	28	28	\$14,388	\$514	\$514	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	71	90	\$11,347	\$160	\$126	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	326	889	\$171,167	\$525	\$193	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	264	789	\$219,313	\$831	\$278	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	34	45	\$18,213	\$536	\$405	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	23	24	\$3,245	\$141	\$135	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	9	\$346	\$115	\$38	3
Additional Codes-Physician Services		99232		25 minutes	23	130	\$8,848	\$385	\$68	6
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$103	\$103	\$103	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$9,200	\$9,200	\$9,200	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,034	1,070	\$233,118	\$225	\$218	1
Assessment for Autism		H0031	U5	Encounter	33	57	\$44,143	\$1,338	\$774	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	791	1,185	\$169,968	\$215	\$143	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	7	\$2,197	\$314	\$314	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	350	26,676	\$1,814,225	\$5,184	\$68	76
Home Based Services		H0036	ST	15 Minutes	21	699	\$9,658	\$460	\$14	33
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	31	328	\$16,383	\$528	\$50	11
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	293	1,397	\$162,669	\$555	\$116	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	51	4,201	\$25,678	\$503	\$6	82
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	4,625	\$18,805	\$1,254	\$4	308
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	5,411	\$49,760	\$6,220	\$9	676
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	7	7,033	\$42,391	\$6,056	\$6	1,005
Crisis Intervention		H2020		Days	0	0	\$13	\$0	\$0	0
Wraparound		H2021		15 Minutes	17	568	\$71,097	\$4,182	\$125	33
Wraparound (SED Waiver)		H2022		Days	2	25	\$10,778	\$5,389	\$431	13
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	34	7,098	\$322,258	\$9,478	\$45	209
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	62	\$8,968	\$8,968	\$145	62
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	21	91	\$19,942	\$950	\$219	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	52	423	\$54,386	\$1,046	\$129	8
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	2	83	\$3,017	\$1,509	\$36	42
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	\$329	\$165	\$165	1
Health Services		T1002		Up to 15 min	1	2	\$168	\$168	\$84	2
Respite Care		T1005		15 Minutes	34	20,557	\$33,234	\$977	\$2	605
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	34	417	\$35,258	\$1,037	\$85	12
Targeted Case Management		T1017		15 minutes	81	1,748	\$144,191	\$1,780	\$82	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	35	\$1,749	\$350	\$50	7
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	151	193	\$186,729	\$1,237	\$968	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	42	10,326	\$5,781	\$138	\$1	246
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	52	410	\$5,043	\$97	\$12	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	17	95	\$6,838	\$402	\$72	6
Respite Care		T2037		Per session. One day/partial day = one session	21	305	\$9,589	\$457	\$31	15
Housing Assistance		T2038		Service	1	1	\$757	\$757	\$757	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>1,759</b>		<b>\$5,579,831</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	212	\$87,198	\$29,066	\$411	71
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	22	\$16,077	\$8,038	\$731	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	9	90	\$65,768	\$7,308	\$731	10
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	1	1	\$1,238	\$1,238	\$1,238	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	22	57	\$6,833	\$311	\$120	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	27	117	\$21,932	\$812	\$187	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	34	157	\$39,420	\$1,159	\$251	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	10	32	\$6,543	\$654	\$204	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	35	\$7,410	\$1,059	\$212	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	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	14	48	\$18,261	\$1,304	\$380	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	6	7	\$3,350	\$558	\$479	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	2	2	\$270	\$135	\$135	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	2	19	\$1,351	\$675	\$71	10
Additional Codes-Physician Services		99233		35 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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$175	\$175	\$175	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	15	15	\$5,707	\$380	\$380	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$2,453	\$2,453	\$2,453	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	39	65	\$15,890	\$407	\$244	2
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	20	1,667	\$151,980	\$7,599	\$91	83
Home Based Services		H0036	ST	15 Minutes	3	149	\$13,584	\$4,528	\$91	50
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	1	1	\$75	\$75	\$75	1
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	42	458	\$32,596	\$776	\$71	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	6	\$94	\$47	\$16	3
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	1	31	\$5,232	\$5,232	\$169	31
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	36	\$2,568	\$856	\$71	12
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	3	13	\$4,117	\$1,372	\$317	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	2	22	\$62	\$31	\$3	11
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	22	\$2,652	\$663	\$121	6
Targeted Case Management		T1017		15 minutes	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	14	23	\$22,082	\$1,577	\$960	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	4	21	\$1,438	\$360	\$68	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>102</b>		<b>\$536,353</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	62	3,533	\$1,178,901	\$19,015	\$334	57
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	689	5,766	\$3,056,905	\$4,437	\$530	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	10	\$6,300	\$3,150	\$630	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	536	6,035	\$1,686,905	\$3,147	\$280	11
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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			25	25	\$1,997	\$80	\$80	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	1,398	2,198	\$533,878	\$382	\$243	2
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2,627	2,725	\$836,254	\$318	\$307	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	3,303	7,232	\$663,754	\$201	\$92	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	3	4	\$500	\$167	\$125	1
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	3,863	13,248	\$1,824,494	\$472	\$138	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	2	2	\$430	\$215	\$215	1
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	4,752	25,887	\$4,595,662	\$967	\$178	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	22	22	\$7,633	\$347	\$347	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.	44	71	\$7,138	\$162	\$101	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1,645	8,530	\$1,052,523	\$640	\$123	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	4,998	20,631	\$2,739,396	\$548	\$133	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	58	191	\$8,951	\$154	\$47	3
Therapy-Family Therapy		90849	HS	Encounter	1	2	\$74	\$74	\$37	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	1,132	7,624	\$557,269	\$492	\$73	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	264	296	\$36,566	\$139	\$124	1
Speech & Language Therapy		92507		Encounter	3	35	\$2,080	\$693	\$59	12
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	3	4	\$645	\$215	\$161	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,191	2,752	\$940,449	\$790	\$342	2
Assessment for Autism		96101	U5	Hour	41	140	\$21,265	\$519	\$152	3
Psychological Testing by Technician		96102		Per Hour	12	23	\$1,574	\$131	\$68	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	1,599	2,104	\$1,385,886	\$867	\$659	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	16	607	\$15,664	\$979	\$26	38
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	\$690	\$173	\$173	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	135	\$2,700	\$540	\$20	27
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	106	493	\$15,022	\$142	\$30	5
Assessment or Health Services		97803		15 Minutes	149	4,224	\$128,705	\$864	\$30	28
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	23	51	\$4,647	\$202	\$91	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
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	\$195	\$98	\$98	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	3	3	\$555	\$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	282	885	\$24,164	\$86	\$27	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	754	2,316	\$170,290	\$226	\$74	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	3,975	14,231	\$1,975,335	\$497	\$139	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	1,272	2,578	\$460,765	\$362	\$179	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	90	110	\$17,302	\$192	\$157	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	1	1	\$114	\$114	\$114	1
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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	3	\$448	\$448	\$149	3
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	1	1	\$41	\$41	\$41	1
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	18	413	\$2,542	\$141	\$6	23
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	5,103	15,655	\$1,041,684	\$204	\$67	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	243	2,214	\$845,098	\$3,478	\$382	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	1	1	\$32	\$32	\$32	1
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	9,934	21,580	\$4,985,646	\$502	\$231	2
Assessment for Autism		H0031	U5	Encounter	53	79	\$37,920	\$715	\$480	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	8,785	20,850	\$3,415,551	\$389	\$164	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,037	1,646	\$348,767	\$336	\$212	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	7	7	\$524	\$75	\$75	1
Home Based Services		H0036		15 Minutes	2,090	262,336	\$16,797,799	\$8,037	\$64	126
Home Based Services		H0036	ST	15 Minutes	84	6,646	\$409,538	\$4,875	\$62	79
Peer Directed and Operated Support Services		H0038		15 minutes	314	1,103	\$9,243	\$29	\$8	4
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	2	\$129	\$65	\$65	1
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	74	707	\$121,557	\$1,643	\$172	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	73	312	\$35,590	\$488	\$114	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,357	10,690	\$348,897	\$257	\$33	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	20	2,146	\$34,792	\$1,740	\$16	107
Community Living Supports (15 Minutes)		H2015		15 Minutes	89	30,380	\$139,996	\$1,573	\$5	341
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	2	167	\$54,912	\$27,456	\$329	84
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	22	13,590	\$178,476	\$8,113	\$13	618
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	489	60,535	\$5,643,611	\$11,541	\$93	124
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	21	1,580	\$115,100	\$5,481	\$73	75
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	16	33	\$2,862	\$179	\$87	2
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	1,419	\$43,907	\$1,996	\$31	65
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	61	169	\$19,506	\$320	\$115	3
Family Training		S5111	HA	Encounter	8	27	\$3,102	\$388	\$115	3
Family Training		S5111	HM	Encounter	245	3,058	\$493,628	\$2,015	\$161	12
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	276	\$86,804	\$43,402	\$315	138
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	290	806	\$60,745	\$209	\$75	3
Health Services		S9446		Encounter	15	29	\$1,612	\$107	\$56	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	149	298	\$103,477	\$694	\$347	2
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	633	679	\$88,890	\$140	\$131	1
Health Services		T1002		Up to 15 min	363	735	\$55,578	\$153	\$76	2
Respite Care		T1005		15 Minutes	73	48,607	\$304,791	\$4,175	\$6	666
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	52	314	\$40,065	\$770	\$128	6
Targeted Case Management		T1017		15 minutes	4,875	96,500	\$6,627,359	\$1,359	\$69	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	28	\$4,551	\$4,551	\$163	28
Assessments		T1023		Encounter	213	253	\$88,676	\$416	\$350	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	12	15	\$2,095	\$175	\$140	1
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	5	23	\$1,215	\$243	\$53	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>13,753</b>		<b>\$66,560,331</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	11	378	\$108,864	\$9,897	\$288	34
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	193	1,647	\$1,051,686	\$5,449	\$639	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	95	915	\$683,921	\$7,199	\$747	10
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
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	137	1,618	\$402,605	\$2,939	\$249	12
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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			321	1,207	\$18,873	\$59	\$16	4
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	78	81	\$45,843	\$588	\$566	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	312	316	\$130,143	\$417	\$412	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	186	372	\$51,731	\$278	\$139	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	295	629	\$63,149	\$214	\$100	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	509	2,306	\$345,526	\$679	\$150	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.	1	1	\$1,247	\$1,247	\$1,247	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	95	258	\$49,895	\$525	\$193	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	121	288	\$59,624	\$493	\$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	25	102	\$10,314	\$413	\$101	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	2	2	\$0	\$0	\$0	1
Speech & Language Therapy		92523		Encounter	6	6	\$529	\$88	\$88	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$694	\$694	\$347	2
Assessment for Autism		96101	U5	Hour	27	105	\$14,519	\$538	\$138	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	4	\$2,171	\$2,171	\$543	4
Physical Therapy		97001		Encounter	1	1	\$165	\$165	\$165	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	5	\$1,189	\$297	\$238	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$59	\$59	\$59	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	3	3	\$150	\$50	\$50	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	35	38	\$2,764	\$79	\$73	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	1	\$166	\$166	\$166	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	14	14	\$361	\$26	\$26	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	98	141	\$6,275	\$64	\$45	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	503	1,445	\$195,977	\$390	\$136	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	558	1,583	\$243,941	\$437	\$154	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	71	99	\$37,039	\$522	\$374	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	2	100	\$286	\$143	\$3	50
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$135	\$135	\$135	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	3	\$0	\$0	\$0	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	27	27	\$3,681	\$136	\$136	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	793	846	\$173,177	\$218	\$205	1
Assessment for Autism		H0031	U5	Encounter	11	18	\$1,726	\$157	\$96	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	122	169	\$58,111	\$476	\$344	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	22	75	\$19,655	\$893	\$262	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	241	37,604	\$2,455,363	\$10,188	\$65	156
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	42	280	\$5,208	\$124	\$19	7
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	117	621	\$192,153	\$1,642	\$309	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	31	30,850	\$132,093	\$4,261	\$4	995
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	29	1,774	\$101,408	\$3,497	\$57	61
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	18	15,608	\$821,354	\$45,631	\$53	867
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	44	1,623	\$580,578	\$13,195	\$358	37
Wraparound (SED Waiver)		H2022		Days	19	615	\$207,712	\$10,932	\$338	32
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	45	2,632	\$284,074	\$6,313	\$108	58
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	9	9	\$454	\$50	\$50	1
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	959	\$13,777	\$765	\$14	53
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	88	308	\$52,050	\$591	\$169	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
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	1	\$140	\$140	\$140	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	133	1,284	\$199,234	\$1,498	\$155	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	11	11	\$748	\$68	\$68	1
Health Services		T1002		Up to 15 min	115	138	\$7,202	\$63	\$52	1
Respite Care		T1005		15 Minutes	351	246,958	\$900,871	\$2,567	\$4	704
Respite Care		T1005	TD	15 Minutes	2	438	\$1,526	\$763	\$3	219
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	844	7,365	\$378,842	\$449	\$51	9
Targeted Case Management		T1017		15 minutes	855	27,282	\$1,559,611	\$1,824	\$57	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	2	2	\$238	\$119	\$119	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	2	\$512	\$512	\$256	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>1,910</b>		<b>\$11,681,338</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	7	\$6,964	\$6,964	\$995	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	7	\$10,670	\$1,524	\$1,524	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	2	8	\$1,788	\$894	\$224	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	3	\$1,046	\$1,046	\$349	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	4	24	\$11,122	\$2,780	\$463	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	3	\$1,033	\$517	\$344	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	4	\$1,442	\$481	\$361	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	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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
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		Encounter	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	1	1	\$81	\$81	\$81	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	1	14	\$676	\$676	\$48	14
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	6	9	\$3,933	\$656	\$437	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	14	41	\$15,592	\$1,114	\$380	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	13	43	\$26,847	\$2,065	\$624	3

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	11	12	\$7,261	\$660	\$605	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	14	19	\$5,847	\$418	\$308	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	\$229	\$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	18	1,619	\$147,831	\$8,213	\$91	90
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
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	90	\$2,412	\$142	\$27	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	58	\$942	\$314	\$16	19
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$378	\$378	\$378	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	63	\$4,405	\$1,468	\$70	21
Targeted Case Management		T1017		15 minutes	16	391	\$27,777	\$1,736	\$71	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	3	3	\$1,049	\$350	\$350	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	3	\$121	\$121	\$40	3
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Gogebic										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>49</b>		<b>\$279,444</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	28	\$8,064	\$8,064	\$288	28
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	33	\$24,140	\$4,828	\$732	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	28	196	\$137,592	\$4,914	\$702	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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			23	182	\$5,080	\$221	\$28	8
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	\$285	\$285	\$285	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	17	17	\$4,840	\$285	\$285	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	23	47	\$8,756	\$381	\$186	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	86	753	\$92,562	\$1,076	\$123	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	34	165	\$52,193	\$1,535	\$316	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.	4	9	\$1,197	\$299	\$133	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	23	44	\$7,788	\$339	\$177	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	55	262	\$32,048	\$583	\$122	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	4	35	\$1,287	\$322	\$37	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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	15	64	\$14,852	\$990	\$232	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	4	24	\$2,422	\$606	\$101	6
Assessment or Health Services		97803		15 Minutes	2	24	\$270	\$135	\$11	12
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
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	3	7	\$603	\$201	\$86	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	37	140	\$18,030	\$487	\$129	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	7	8	\$997	\$142	\$125	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	\$323	\$323	\$108	3
Additional Codes-Physician Services		99232		25 minutes	7	58	\$34,147	\$4,878	\$589	8
Additional Codes-Physician Services		99233		35 Minutes	4	4	\$297	\$74	\$74	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	50	52	\$11,698	\$234	\$225	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	278	293	\$61,475	\$221	\$210	1
Assessment for Autism		H0031	U5	Encounter	7	14	\$2,365	\$338	\$169	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	65	80	\$15,412	\$237	\$193	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	155	38,553	\$1,336,107	\$8,620	\$35	249
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
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	19	115	\$3,760	\$198	\$33	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	1	25	\$175	\$175	\$7	25
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	601	\$5,984	\$2,992	\$10	301
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	5	3,233	\$45,051	\$9,010	\$14	647
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	10	21,364	\$295,097	\$29,510	\$14	2,136
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	106	\$6,545	\$2,182	\$62	35
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	13	1,255	\$12,551	\$965	\$10	97
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	10	3,408	\$85,070	\$8,507	\$25	341
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	29	285	\$18,492	\$638	\$65	10
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	\$382	\$382	\$0	0
Health Services		T1002		Up to 15 min	86	297	\$29,389	\$342	\$99	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	13	66	\$1,429	\$110	\$22	5
Targeted Case Management		T1017		15 minutes	104	3,120	\$120,068	\$1,155	\$38	30
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	65	81	\$12,798	\$197	\$158	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>481</b>		<b>\$2,511,621</b>			

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	52	\$24,605	\$12,303	\$473	26
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	15	\$21,932	\$7,311	\$1,462	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	14	149	\$92,460	\$6,604	\$621	11
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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			10	15	\$9,833	\$983	\$656	2
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	\$6,271	\$697	\$697	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	18	42	\$3,500	\$194	\$83	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	39	78	\$10,287	\$264	\$132	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	106	576	\$99,784	\$941	\$173	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	5	\$860	\$430	\$172	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	13	\$2,183	\$364	\$168	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	28	\$6,758	\$1,690	\$241	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	25	25	\$20,525	\$821	\$821	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	2	2	\$440	\$220	\$220	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	17	31	\$5,813	\$342	\$188	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	91	345	\$109,529	\$1,204	\$317	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	7	7	\$3,928	\$561	\$561	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	2	2	\$1,100	\$550	\$550	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	13	\$2,531	\$2,531	\$195	13
Additional Codes-Physician Services		99232		25 minutes	2	17	\$4,731	\$2,366	\$278	9
Additional Codes-Physician Services		99233		35 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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$429	\$215	\$215	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	98	106	\$23,320	\$238	\$220	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	106	196	\$20,174	\$190	\$103	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	\$222	\$111	\$111	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	30	3,665	\$206,304	\$6,877	\$56	122
Home Based Services		H0036	ST	15 Minutes	2	147	\$8,465	\$4,233	\$58	74
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
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	514	\$56,406	\$705	\$110	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	17	1,048	\$4,779	\$281	\$5	62
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	36	\$319	\$319	\$9	36
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	52	\$3,058	\$3,058	\$59	52
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	24	\$1,342	\$1,342	\$56	24
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	5	19	\$2,359	\$472	\$124	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	4	122	\$5,266	\$1,317	\$43	31
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	22	5,643	\$15,292	\$695	\$3	257
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	60	757	\$91,983	\$1,533	\$122	13
Targeted Case Management		T1017		15 minutes	16	393	\$47,687	\$2,980	\$121	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	26	36	\$29,412	\$1,131	\$817	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>258</b>		<b>\$943,887</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	38	\$20,900	\$3,483	\$550	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	10	96	\$58,991	\$5,899	\$614	10
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	36	36	\$44,461	\$1,235	\$1,235	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	27	44	\$3,949	\$146	\$90	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	65	252	\$37,420	\$576	\$148	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	38	130	\$23,819	\$627	\$183	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	2	6	\$1,433	\$717	\$239	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	23	\$5,692	\$2,846	\$247	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	1	5	\$165	\$165	\$33	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Huron	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	\$750	\$250	\$250	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Huron	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	52	263	\$93,161	\$1,792	\$354	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	0	0	\$0	\$0	\$0	0
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	\$1,128	\$1,128	\$1,128	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	8	11	\$1,369	\$171	\$124	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	13	\$499	\$166	\$38	4
Additional Codes-Physician Services		99232		25 minutes	7	47	\$3,048	\$435	\$65	7
Additional Codes-Physician Services		99233		35 Minutes	4	5	\$519	\$130	\$104	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	112	123	\$29,323	\$262	\$238	1
Assessment for Autism		H0031	U5	Encounter	1	2	\$466	\$466	\$233	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	96	185	\$27,050	\$282	\$146	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	14	14	\$1,966	\$140	\$140	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	31	40	\$11,601	\$374	\$290	1
Home Based Services		H0036		15 Minutes	50	7,268	\$277,434	\$5,549	\$38	145
Home Based Services		H0036	ST	15 Minutes	4	156	\$5,862	\$1,466	\$38	39
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	1	10	\$1,456	\$1,456	\$146	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	13	34	\$2,162	\$166	\$64	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	24	\$1,526	\$191	\$64	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	6	17	\$997	\$166	\$59	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	9	297	\$4,377	\$486	\$15	33
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	372	\$848	\$848	\$2	372
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	4	74	\$3,726	\$931	\$50	19
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Huron	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	6	3,362	\$9,692	\$1,615	\$3	560
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	60	\$3,754	\$938	\$63	15
Targeted Case Management		T1017		15 minutes	11	439	\$19,783	\$1,798	\$45	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	39	57	\$21,191	\$543	\$372	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	9	57	\$3,391	\$377	\$59	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>169</b>		<b>\$723,908</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	65	\$67,755	\$6,160	\$1,042	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	22	44	\$63,655	\$2,893	\$1,447	2
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	5	11	\$598	\$120	\$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	23	61	\$6,656	\$289	\$109	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	32	229	\$37,179	\$1,162	\$162	7
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
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	16	86	\$10,498	\$656	\$122	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	54	624	\$67,056	\$1,242	\$107	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	17	191	\$9,465	\$557	\$50	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$210	\$210	\$105	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
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		Encounter	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	1	1	\$212	\$212	\$212	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	3	3	\$1,284	\$428	\$428	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	293	\$124,845	\$3,201	\$426	8
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	19	36	\$15,402	\$811	\$428	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	108	374	\$77,694	\$719	\$208	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	68	258	\$34,912	\$513	\$135	4
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	51	159	\$18,326	\$359	\$115	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	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	54	11,212	\$903,748	\$16,736	\$81	208
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
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	4	68	\$4,027	\$1,007	\$59	17
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	1,116	\$6,432	\$2,144	\$6	372
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	4	\$242	\$242	\$60	4
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	4	511	\$248,037	\$62,009	\$485	128
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	7	180	\$10,017	\$1,431	\$56	26
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	2	13	\$3,331	\$1,665	\$256	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	184	\$6,273	\$6,273	\$34	184
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	1	\$88	\$88	\$88	1
Respite Care		T1005		15 Minutes	11	13,640	\$55,365	\$5,033	\$4	1,240
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	6	168	\$10,964	\$1,827	\$65	28
Targeted Case Management		T1017		15 minutes	13	443	\$38,014	\$2,924	\$86	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	17	42	\$26,802	\$1,577	\$638	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	6	\$471	\$471	\$79	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>172</b>		<b>\$1,849,557</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	347	\$99,936	\$49,968	\$288	174
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	85	\$68,270	\$5,689	\$803	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	52	362	\$286,358	\$5,507	\$791	7
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
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	23	93	\$38,832	\$1,688	\$418	4
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	118	118	\$41,366	\$351	\$351	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	85	85	\$95,542	\$1,124	\$1,124	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	16	31	\$1,257	\$79	\$41	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	96	690	\$53,511	\$557	\$78	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	60	374	\$30,580	\$510	\$82	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	27	107	\$40,183	\$1,488	\$376	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	54	297	\$27,226	\$504	\$92	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	1	3	\$99	\$99	\$33	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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
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		Encounter	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	7	7	\$951	\$136	\$136	1
Occupational Therapy		97004		Encounter	3	5	\$339	\$113	\$68	2
Occupational or Physical Therapy		97110		15 Minutes	7	173	\$3,533	\$505	\$20	25
Occupational or Physical Therapy		97112		15 Minutes	7	172	\$3,105	\$444	\$18	25
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	256	\$5,408	\$676	\$21	32
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$450	\$450	\$450	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	3	3	\$317	\$106	\$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	14	18	\$3,363	\$240	\$187	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	156	405	\$138,303	\$887	\$341	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	195	759	\$409,731	\$2,101	\$540	4

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	42	49	\$4,653	\$111	\$95	1
Additional Codes-Physician Services		99222		50 Minutes	10	11	\$1,092	\$109	\$99	1
Additional Codes-Physician Services		99223		70 Minutes	4	4	\$397	\$99	\$99	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	46	168	\$16,069	\$349	\$96	4
Additional Codes-Physician Services		99232		25 minutes	24	36	\$3,409	\$142	\$95	2
Additional Codes-Physician Services		99233		35 Minutes	28	51	\$4,851	\$173	\$95	2
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	48	69	\$15,237	\$317	\$221	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$668	\$668	\$334	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	290	487	\$130,738	\$451	\$268	2
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	114	296	\$27,302	\$239	\$92	3
Assessment for Autism		H0031	U5	Encounter	7	13	\$7,550	\$1,079	\$581	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	144	418	\$191,401	\$1,329	\$458	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	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	279	22,617	\$1,372,115	\$4,918	\$61	81
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	21	\$504	\$252	\$24	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	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	35	504	\$110,931	\$3,169	\$220	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	410	5,171	\$122,980	\$300	\$24	13
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	587	\$2,261	\$1,130	\$4	294
Community Living Supports (15 Minutes)		H2015		15 Minutes	137	33,604	\$823,358	\$6,010	\$25	245
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	1	10	\$3,612	\$3,612	\$361	10
Behavior Services		H2019		15 Minutes	19	1,005	\$30,884	\$1,625	\$31	53
Behavior Services		H2019	TT	15 Minutes	2	48	\$308	\$154	\$6	24
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	3	2,115	\$44,153	\$14,718	\$21	705
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	153	6,437	\$496,026	\$3,242	\$77	42
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	246	\$11,944	\$3,981	\$49	82
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	2	8	\$974	\$487	\$122	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	68	1,869	\$211,413	\$3,109	\$113	27
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	1	1	\$2,280	\$2,280	\$2,280	1
Personal Emergency Response System (PERS)		S5161		Month	1	1	\$65	\$65	\$65	1
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	28	\$762	\$381	\$27	14
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	3	3	\$1,254	\$418	\$418	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	2	894	\$4,541	\$2,271	\$5	447
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	5	157	\$20,265	\$4,053	\$129	31
Targeted Case Management		T1017		15 minutes	117	2,317	\$76,034	\$650	\$33	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	15	16	\$7,366	\$491	\$460	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	4	\$548	\$548	\$137	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>1,215</b>		<b>\$5,096,601</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	331	\$118,815	\$59,407	\$359	166
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	21	185	\$119,932	\$5,711	\$648	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	9	96	\$62,235	\$6,915	\$648	11
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
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	10	\$2,500	\$2,500	\$250	10
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$639	\$319	\$319	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	11	11	\$4,707	\$428	\$428	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	48	48	\$20,775	\$433	\$433	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	28	65	\$4,574	\$163	\$70	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	88	586	\$76,019	\$864	\$130	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	10	57	\$10,227	\$1,023	\$179	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	30	54	\$7,232	\$241	\$134	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	91	464	\$62,864	\$691	\$135	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	51	\$2,380	\$397	\$47	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	8	\$1,181	\$590	\$148	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
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		Encounter	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	5	5	\$786	\$157	\$157	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	8	\$272	\$272	\$34	8
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	4	\$213	\$213	\$53	4
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	18	\$1,198	\$80	\$67	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	41	51	\$5,373	\$131	\$105	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	98	278	\$39,829	\$406	\$143	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	84	242	\$52,163	\$621	\$216	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	10	\$3,589	\$399	\$359	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Lapeer	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	126	129	\$19,165	\$152	\$149	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	73	95	\$12,979	\$178	\$137	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	29	41	\$5,275	\$182	\$129	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	17	2,322	\$198,567	\$11,680	\$86	137
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
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	6	12	\$662	\$110	\$55	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	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	57	6,817	\$15,646	\$274	\$2	120
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	2	2	\$129	\$64	\$64	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	49	602	\$107,792	\$2,200	\$179	12
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	2	\$510	\$510	\$255	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	6	170	\$6,260	\$1,043	\$37	28
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	37	38	\$1,054	\$28	\$28	1
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning		T1007	HF	Encounter	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	6,589	\$370,842	\$3,784	\$56	67
Targeted Case Management		T1017		15 minutes	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	35	51	\$6,260	\$179	\$123	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>232</b>		<b>\$1,342,642</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	30	221	\$160,685	\$5,356	\$727	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	5	35	\$27,119	\$5,424	\$775	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	100	100	\$41,623	\$416	\$416	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	12	73	\$3,692	\$308	\$51	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	4	10	\$1,085	\$271	\$109	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	30	166	\$41,502	\$1,383	\$250	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	40	392	\$132,340	\$3,309	\$338	10
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	\$186	\$186	\$186	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	35	\$5,112	\$1,022	\$146	7
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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	81	162	\$13,878	\$171	\$86	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	222	709	\$105,126	\$474	\$148	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	40	57	\$14,250	\$356	\$250	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	8	8	\$2,775	\$347	\$347	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	4	4	\$329	\$82	\$82	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	3	14	\$691	\$230	\$49	5
Additional Codes-Physician Services		99233		35 Minutes	2	4	\$197	\$99	\$49	2
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	265	241	\$19,437	\$73	\$81	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	20	21	\$1,952	\$98	\$93	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	11	35	\$2,880	\$262	\$82	3
Substance Abuse: Pharmacological Support - Suboxone		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	77	8,094	\$273,653	\$3,554	\$34	105
Home Based Services		H0036	ST	15 Minutes	4	114	\$10,249	\$2,562	\$90	29
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
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	45	107	\$7,653	\$170	\$72	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	1	112	\$357	\$357	\$3	112
Community Living Supports (15 Minutes)		H2015		15 Minutes	11	6,558	\$19,362	\$1,760	\$3	596
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	3	945	\$15,211	\$5,070	\$16	315
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	6	208	\$94,156	\$15,693	\$453	35
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	304	\$6,672	\$2,224	\$22	101
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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	178	277	\$44,241	\$249	\$160	2
Respite Care		T1005		15 Minutes	2	1,094	\$4,531	\$2,266	\$4	547
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	48	230	\$24,569	\$512	\$107	5
Targeted Case Management		T1017		15 minutes	155	881	\$76,096	\$491	\$86	6
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	2	\$160	\$160	\$80	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	48	59	\$5,088	\$106	\$86	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

<b>Lenawee</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>399</b>		<b>\$1,156,857</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	238	\$79,254	\$26,418	\$333	79
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	56	586	\$389,444	\$6,954	\$665	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15	110	\$86,489	\$5,766	\$786	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$11,010	\$917	\$917	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	156	156	\$154,690	\$992	\$992	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	59	128	\$6,583	\$112	\$51	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	217	1,565	\$151,306	\$697	\$97	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	68	428	\$45,326	\$667	\$106	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
Therapy-Family Therapy		90847		Encounter	2	8	\$849	\$425	\$106	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	165	166	\$13,673	\$83	\$82	1
Speech & Language Therapy		92507		Encounter	3	47	\$1,768	\$589	\$38	16
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	3	3	\$330	\$110	\$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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	\$379	\$379	\$95	4
Assessment for Autism		96101	U5	Hour	3	16	\$1,516	\$505	\$95	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
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		Encounter	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	3	3	\$133	\$44	\$44	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	3	139	\$2,355	\$785	\$17	46
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	7	28	\$928	\$133	\$33	4
Assessment or Health Services		97803		15 Minutes	1	1	\$33	\$33	\$33	1
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	24	32	\$5,385	\$224	\$168	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	100	208	\$72,775	\$728	\$350	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	195	630	\$216,458	\$1,110	\$344	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	162	401	\$152,629	\$942	\$381	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	33	\$14,740	\$614	\$447	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	3	3	\$196	\$65	\$65	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	3	5	\$370	\$123	\$74	2
Additional Codes-Physician Services		99232		25 minutes	1	1	\$92	\$92	\$92	1
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$14	\$14	\$14	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	3	332	\$1,408	\$469	\$4	111
Additional Codes-Transportation		A0427		Refer to code descriptions.	3	3	\$343	\$114	\$114	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	382	399	\$85,296	\$223	\$214	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	22	165	\$12,341	\$561	\$75	8
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	480	491	\$137,844	\$287	\$281	1
Assessment for Autism		H0031	U5	Encounter	12	21	\$10,296	\$858	\$490	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	320	665	\$46,643	\$146	\$70	2
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	419	44,027	\$2,922,624	\$6,975	\$66	105
Home Based Services		H0036	ST	15 Minutes	27	2,780	\$197,007	\$7,297	\$71	103
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	1	7	\$729	\$729	\$104	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	176	989	\$69,271	\$394	\$70	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	6,435	\$30,289	\$7,572	\$5	1,609
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	2	641	\$218,785	\$109,393	\$341	321
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	3	1,458	\$14,486	\$4,829	\$10	486
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	28	1,588	\$77,285	\$2,760	\$49	57
Wraparound (SED Waiver)		H2022		Days	15	332	\$88,699	\$5,913	\$267	22
Wraparound (SED Waiver)		H2022	TT	Days	2	16	\$3,465	\$1,733	\$217	8
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	108	9,980	\$448,142	\$4,149	\$45	92
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	26	46	\$10,334	\$397	\$225	2
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	157	\$4,896	\$1,632	\$31	52
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	4	22	\$1,427	\$357	\$65	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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	6	187	\$12,594	\$2,099	\$67	31
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	12	32	\$3,116	\$260	\$97	3
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	24	198	\$56,134	\$2,339	\$284	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	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	138	\$24,102	\$176	\$175	1
Health Services		T1002		Up to 15 min	3	3	\$198	\$66	\$66	1
Respite Care		T1005		15 Minutes	57	19,435	\$35,253	\$618	\$2	341
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	3	42	\$2,271	\$757	\$54	14
Targeted Case Management		T1017		15 minutes	24	368	\$15,470	\$645	\$42	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	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	5	8	\$873	\$175	\$109	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	11	16	\$5,881	\$535	\$368	1
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>1,199</b>		<b>\$5,946,227</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	22	215	\$142,672	\$6,485	\$664	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	92	\$76,513	\$6,956	\$832	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	83	83	\$37,223	\$448	\$448	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	59	114	\$14,625	\$248	\$128	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	75	243	\$46,556	\$621	\$192	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	109	576	\$133,433	\$1,224	\$232	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	42	141	\$35,848	\$854	\$254	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	141	679	\$168,992	\$1,199	\$249	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	10	66	\$7,638	\$764	\$116	7
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	\$928	\$928	\$155	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	4	170	\$12,448	\$3,112	\$73	43
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	\$62	\$62	\$62	1
Speech & Language Therapy		92523		Encounter	3	4	\$365	\$122	\$91	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	19	\$2,635	\$329	\$139	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
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		Encounter	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	8	8	\$350	\$44	\$44	1
Occupational Therapy		97004		Encounter	1	1	\$29	\$29	\$29	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	5	482	\$11,360	\$2,272	\$24	96
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	1	1	\$111	\$111	\$111	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	5	6	\$1,015	\$203	\$169	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	85	167	\$40,120	\$472	\$240	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	135	649	\$146,176	\$1,083	\$225	5

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	41	42	\$17,875	\$436	\$426	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	160	170	\$104,396	\$652	\$614	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	10	16	\$1,824	\$182	\$114	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6	30	\$2,163	\$361	\$72	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	133	16,821	\$946,107	\$7,114	\$56	126
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	2	13	\$1,022	\$511	\$79	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	16	35	\$3,929	\$246	\$112	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	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	445	\$1,209	\$1,209	\$3	445
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	2,029	\$31,117	\$31,117	\$15	2,029
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	58	3,496	\$410,228	\$7,073	\$117	60
Wraparound (SED Waiver)		H2022		Days	1	12	\$6,132	\$6,132	\$511	12
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	86	\$2,906	\$2,906	\$34	86
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	17	96	\$9,921	\$584	\$103	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Livingston	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	127	368	\$72,156	\$568	\$196	3
Respite Care		T1005		15 Minutes	53	15,739	\$71,985	\$1,358	\$5	297
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	6	51	\$6,812	\$1,135	\$134	9
Targeted Case Management		T1017		15 minutes	30	402	\$25,460	\$849	\$63	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	28	34	\$13,551	\$484	\$399	1
Prevention Services - Direct Model		T1027		15 Minutes	2	21	\$1,156	\$578	\$55	11
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	2	\$140	\$70	\$70	1
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	4	\$448	\$448	\$112	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>355</b>		<b>\$2,609,638</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	323	\$107,559	\$35,853	\$333	108
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	229	1,749	\$1,002,005	\$4,376	\$573	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	14	\$9,557	\$9,557	\$683	14
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	237	1,529	\$414,971	\$1,751	\$271	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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$0	\$0	\$0	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	277	308	\$49,278	\$178	\$160	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	256	263	\$60,767	\$237	\$231	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	119	252	\$29,057	\$244	\$115	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	321	918	\$110,063	\$343	\$120	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	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	243	1,036	\$228,105	\$939	\$220	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.	2	2	\$524	\$262	\$262	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	29	57	\$13,104	\$452	\$230	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	585	2,695	\$269,108	\$460	\$100	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	23	67	\$2,064	\$90	\$31	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	51	\$4,168	\$2,084	\$82	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	1	1	\$148	\$148	\$148	1
Speech & Language Therapy		92523		Encounter	1	1	\$225	\$225	\$225	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	15	\$3,354	\$335	\$224	2
Assessment for Autism		96101	U5	Hour	2	3	\$394	\$197	\$131	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	1	1	\$132	\$132	\$132	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	11	13	\$2,158	\$196	\$166	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	26	\$799	\$799	\$31	26
Occupational or Physical Therapy		97112		15 Minutes	1	1	\$32	\$32	\$32	1
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	12	1,065	\$35,334	\$2,945	\$33	89
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	6	256	\$5,886	\$981	\$23	43
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	2	2	\$241	\$121	\$121	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
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	\$711	\$237	\$237	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	\$332	\$166	\$166	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	39	47	\$3,766	\$97	\$80	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	97	172	\$9,901	\$102	\$58	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	491	1,684	\$128,888	\$263	\$77	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	255	869	\$112,040	\$439	\$129	3
Assessment for Autism		99214	U5	Encounter	1	1	\$147	\$147	\$147	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	51	81	\$18,020	\$353	\$222	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		99215	U5	Encounter	1	1	\$224	\$224	\$224	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	10	10	\$806	\$81	\$81	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	73	549	\$197,767	\$2,709	\$360	8
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	900	1,635	\$205,709	\$229	\$126	2
Assessment for Autism		H0031	U5	Encounter	7	8	\$3,612	\$516	\$452	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	677	1,012	\$138,578	\$205	\$137	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	368	617	\$57,808	\$157	\$94	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	9	21	\$1,593	\$177	\$76	2
Home Based Services		H0036		15 Minutes	218	32,973	\$1,391,126	\$6,381	\$42	151
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	4	\$169	\$169	\$42	4
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	2	9	\$1,991	\$996	\$221	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	83	957	\$69,256	\$834	\$72	12
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	148	271,448	\$1,436,292	\$9,705	\$5	1,834
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	14	489	\$34,325	\$2,452	\$70	35
Behavior Services		H2019	TT	15 Minutes	12	885	\$12,898	\$1,075	\$15	74
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	2	2,184	\$30,421	\$15,211	\$14	1,092
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	83	6,888	\$436,839	\$5,263	\$63	83
Wraparound (SED Waiver)		H2022		Days	44	930	\$283,532	\$6,444	\$305	21
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	85	\$2,808	\$1,404	\$33	43
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	111	1,088	\$167,900	\$1,513	\$154	10
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	103	1,621	\$269,693	\$2,618	\$166	16
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	\$90	\$90	\$30	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	2	78	\$2,481	\$1,241	\$32	39
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	39	138	\$56,709	\$1,454	\$411	4
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	20	32	\$2,549	\$127	\$80	2
Respite Care		T1005		15 Minutes	118	84,096	\$410,497	\$3,479	\$5	713
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	2,200	\$5,405	\$5,405	\$2	2,200
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	1	1	\$222	\$222	\$222	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	69	931	\$56,377	\$817	\$61	13
Targeted Case Management		T1017		15 minutes	307	5,706	\$373,065	\$1,215	\$65	19
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	5	6	\$726	\$145	\$121	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	8	67	\$8,271	\$1,034	\$123	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	9	45	\$3,645	\$405	\$81	5
Respite Care		T2037		Per session. One day/partial day = one session	5	71	\$1,822	\$364	\$26	14
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	14	58	\$9,955	\$711	\$172	4
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>1,526</b>		<b>\$8,297,999</b>			

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	131	\$43,623	\$43,623	\$333	131
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	88	\$63,797	\$9,114	\$725	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	37	\$24,855	\$8,285	\$672	12
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$3,031	\$758	\$758	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	35	35	\$32,641	\$933	\$933	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	28	40	\$2,482	\$89	\$62	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	83	318	\$39,152	\$472	\$123	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	101	540	\$109,782	\$1,087	\$203	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.	4	5	\$3,661	\$915	\$732	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	40	117	\$88,438	\$2,211	\$756	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	35	140	\$27,286	\$780	\$195	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	13	50	\$9,681	\$745	\$194	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	3	3	\$715	\$238	\$238	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	48	207	\$62,301	\$1,298	\$301	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	37	103	\$27,238	\$736	\$264	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	3	3	\$1,518	\$506	\$506	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	5	5	\$659	\$132	\$132	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	155	3,818	\$665,811	\$4,296	\$174	25
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	164	183	\$68,029	\$415	\$372	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	94	109	\$18,292	\$195	\$168	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	39	3,242	\$182,045	\$4,668	\$56	83
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	1	1	\$133	\$133	\$133	1
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$771	\$771	\$771	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$93	\$93	\$93	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	11	46	\$12,355	\$1,123	\$269	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	4,524	\$52,543	\$8,757	\$12	754
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	31	\$6,000	\$6,000	\$194	31
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	6	6	\$816	\$136	\$136	1
Respite Care		T1005		15 Minutes	6	2,921	\$9,792	\$1,632	\$3	487
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	2	7	\$806	\$403	\$115	4
Targeted Case Management		T1017		15 minutes	34	494	\$45,688	\$1,344	\$92	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	15	20	\$20,282	\$1,352	\$1,014	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	5	32	\$1,317	\$263	\$41	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>360</b>		<b>\$1,625,633</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	9	66	\$47,408	\$5,268	\$718	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	14	\$10,791	\$3,597	\$771	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	16	\$16,082	\$16,082	\$1,005	16
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Monroe	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$649	\$216	\$216	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	64	65	\$16,676	\$261	\$257	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	69	314	\$37,784	\$548	\$120	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	111	666	\$117,709	\$1,060	\$177	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	27	114	\$25,857	\$958	\$227	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	116	556	\$124,266	\$1,071	\$224	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	167	870	\$178,733	\$1,070	\$205	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	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Monroe	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	5	\$845	\$422	\$169	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	8	\$4,482	\$2,241	\$560	4
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$1,061	\$1,061	\$1,061	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$919	\$460	\$460	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	\$270	\$67	\$67	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	196	\$21,284	\$222	\$109	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	157	493	\$79,827	\$508	\$162	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	55	81	\$17,633	\$321	\$218	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	268	438	\$113,670	\$424	\$260	2
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	80	117	\$12,838	\$160	\$110	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	65	7,655	\$388,797	\$5,981	\$51	118
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	2	\$66	\$66	\$33	2
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	58	189	\$22,264	\$384	\$118	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	12	1,437	\$4,340	\$362	\$3	120
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	2	2,283	\$37,943	\$18,972	\$17	1,142
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	33	2,496	\$195,337	\$5,919	\$78	76
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	260	\$4,277	\$2,139	\$16	130
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	42	328	\$39,543	\$941	\$121	8
Family Training		S5111	HA	Encounter	2	2	\$244	\$122	\$122	1
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Monroe	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	2	111	\$5,833	\$2,917	\$53	56
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	\$692	\$692	\$692	1
Health Services		T1002		Up to 15 min	158	545	\$56,756	\$359	\$104	3
Respite Care		T1005		15 Minutes	44	19,472	\$73,409	\$1,668	\$4	443
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	2	29	\$2,914	\$1,457	\$100	15
Targeted Case Management		T1017		15 minutes	231	4,360	\$247,735	\$1,072	\$57	19
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	47	63	\$11,464	\$244	\$182	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	106	\$12,000	\$1,000	\$113	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	\$509	\$255	\$255	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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	\$10,836	\$10,836	\$0	0
<b>Total Population and Cost</b>					<b>463</b>		<b>\$1,943,744</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	15	160	\$153,065	\$10,204	\$957	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	62	\$44,560	\$7,427	\$719	10
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	79	81	\$61,243	\$775	\$756	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$357	\$357	\$357	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	61	106	\$10,261	\$168	\$97	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	132	899	\$171,509	\$1,299	\$191	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	4	7	\$1,398	\$350	\$200	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	3	4	\$739	\$246	\$185	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	8	\$1,478	\$493	\$185	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$75	\$75	\$75	1
Assessment for Autism		96101	U5	Hour	2	7	\$767	\$384	\$110	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	7	10	\$1,014	\$145	\$101	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	43	64	\$14,105	\$328	\$220	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	101	227	\$75,691	\$749	\$333	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	70	136	\$42,906	\$613	\$315	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	19	23	\$9,580	\$504	\$417	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Montcalm	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4	16	\$1,058	\$265	\$66	4
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	95	109	\$7,432	\$78	\$68	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	252	261	\$84,852	\$337	\$325	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	139	149	\$26,423	\$190	\$177	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	191	13,883	\$746,630	\$3,909	\$54	73
Home Based Services		H0036	ST	15 Minutes	10	166	\$9,024	\$902	\$54	17
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
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	44	\$4,449	\$445	\$101	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	221	\$2,383	\$2,383	\$11	221
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	1	39	\$17,163	\$17,163	\$440	39
Behavior Services		H2019		15 Minutes	4	124	\$6,568	\$1,642	\$53	31
Behavior Services		H2019	TT	15 Minutes	10	285	\$13,611	\$1,361	\$48	29
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	9	243	\$59,943	\$6,660	\$247	27
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	7	16	\$2,065	\$295	\$129	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$1,638	\$819	\$819	1
Health Services		T1002		Up to 15 min	2	25	\$4,895	\$2,448	\$196	13
Respite Care		T1005		15 Minutes	41	15,031	\$74,542	\$1,818	\$5	367
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	1	5	\$465	\$465	\$93	5
Targeted Case Management		T1017		15 minutes	70	1,550	\$143,599	\$2,051	\$93	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	59	73	\$55,666	\$943	\$763	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>498</b>		<b>\$1,851,154</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	321	\$89,495	\$14,916	\$279	54
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	43	464	\$293,952	\$6,836	\$634	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	10	86	\$59,468	\$5,947	\$691	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	1	7	\$2,338	\$2,338	\$334	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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	216	218	\$27,136	\$126	\$124	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	67	247	\$11,895	\$178	\$48	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	91	265	\$16,418	\$180	\$62	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	137	551	\$65,587	\$479	\$119	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.	10	16	\$2,248	\$225	\$140	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	182	850	\$86,095	\$473	\$101	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	122	663	\$28,317	\$232	\$43	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	5	\$758	\$189	\$152	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
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		Encounter	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	6	6	\$2,303	\$384	\$384	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	4	\$387	\$387	\$97	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$153	\$153	\$153	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	2	2	\$13	\$7	\$7	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	\$27	\$27	\$27	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	18	18	\$905	\$50	\$50	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	301	1,050	\$87,316	\$290	\$83	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	37	50	\$5,499	\$149	\$110	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	\$131	\$131	\$131	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	1	5	\$343	\$343	\$69	5
Additional Codes-Physician Services		99233		35 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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	63	65	\$7,435	\$118	\$114	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	349	363	\$71,001	\$203	\$196	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$247	\$247	\$247	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	116	226	\$29,405	\$253	\$130	2
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	154	18,826	\$2,584,459	\$16,782	\$137	122
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	417	\$24,390	\$2,033	\$58	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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	5	\$215	\$215	\$43	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	7	28	\$1,286	\$184	\$46	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	2	21	\$124	\$62	\$6	11
Community Living Supports (15 Minutes)		H2015		15 Minutes	35	2,757	\$15,888	\$454	\$6	79
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	20	\$581	\$581	\$29	20
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	16	787	\$30,528	\$1,908	\$39	49
Wraparound (SED Waiver)		H2022		Days	14	104	\$27,208	\$1,943	\$262	7
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	11	377	\$26,189	\$2,381	\$69	34
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	18	\$149	\$149	\$8	18
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	166	681	\$41,614	\$251	\$61	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	3	\$10,455	\$5,228	\$3,485	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	313	1,056	\$111,080	\$355	\$105	3
Respite Care		T1005		15 Minutes	5	1,318	\$19,748	\$3,950	\$15	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	2	142	\$330	\$165	\$2	71
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	291	9,883	\$626,085	\$2,151	\$63	34
Targeted Case Management		T1017		15 minutes	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	60	79	\$11,297	\$188	\$143	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	2	2	\$484	\$242	\$242	1
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	2	2	\$1,381	\$691	\$691	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					1	0	\$219	\$219	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>634</b>		<b>\$4,422,583</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	532	\$176,624	\$0	\$332	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	244	2,557	\$1,916,665	\$7,855	\$750	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	16	119	\$82,195	\$5,137	\$691	7
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
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	64	313	\$98,239	\$1,535	\$314	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$1,095	\$548	\$548	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	531	564	\$250,245	\$471	\$444	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	220	735	\$56,684	\$258	\$77	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	665	5,008	\$537,402	\$808	\$107	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	219	770	\$87,664	\$400	\$114	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	15	20	\$2,583	\$172	\$129	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	193	628	\$53,706	\$278	\$86	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	1	2	\$90	\$90	\$45	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		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	7	35	\$8,485	\$1,212	\$242	5
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	1	4	\$558	\$558	\$140	4
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	1	\$54	\$54	\$54	1
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$275	\$275	\$275	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180 Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$257	\$257	\$257	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	10	16	\$1,753	\$175	\$110	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	22	24	\$3,189	\$145	\$133	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	580	1,365	\$191,125	\$330	\$140	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	286	550	\$118,944	\$416	\$216	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	57	66	\$17,607	\$309	\$267	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	12	312	\$1,235	\$103	\$4	26
Additional Codes-Transportation		A0427		Refer to code descriptions.	1	1	\$406	\$406	\$406	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,949	2,210	\$685,099	\$352	\$310	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Network180										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	51	226	\$39,303	\$771	\$174	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	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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	180	186	\$119,658	\$665	\$643	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	9	9	\$2,509	\$279	\$279	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	1,013	77,592	\$3,251,003	\$3,209	\$42	77
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	5	615	\$33,712	\$6,742	\$55	123
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	78	284	\$99,517	\$1,276	\$350	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	2	26	\$978	\$489	\$38	13
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	457	64,743	\$489,713	\$1,072	\$8	142
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	21	467	\$154,281	\$7,347	\$330	22
Behavior Services		H2019		15 Minutes	37	1,446	\$36,062	\$975	\$25	39
Behavior Services		H2019	TT	15 Minutes	36	1,463	\$26,978	\$749	\$18	41
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	221	11,671	\$894,150	\$4,046	\$77	53
Wraparound (SED Waiver)		H2022		Days	48	777	\$228,982	\$4,770	\$295	16
Wraparound (SED Waiver)		H2022	TT	Days	10	94	\$21,620	\$2,162	\$230	9
Supported Employment Services		H2023		15 minutes	1	24	\$1,633	\$1,633	\$68	24
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	51	6,125	\$504,269	\$9,888	\$82	120
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	35	50	\$2,986	\$85	\$60	1
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	402	3,695	\$331,618	\$825	\$90	9
Family Training		S5111	HA	Encounter	46	595	\$75,565	\$1,643	\$127	13
Family Training		S5111	HM	Encounter	184	1,913	\$343,021	\$1,864	\$179	10
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	4	137	\$50,363	\$12,591	\$368	34
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	378	25,276	\$850,463	\$2,250	\$34	67
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	52	368	\$7,434	\$143	\$20	7
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	98	98	\$19,165	\$196	\$196	1
Health Services		T1002		Up to 15 min	3	3	\$175	\$58	\$58	1
Respite Care		T1005		15 Minutes	86	9,168	\$151,785	\$1,765	\$17	107
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	311	60,013	\$144,081	\$463	\$2	193
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	11	\$741	\$741	\$67	11
Targeted Case Management		T1017		15 minutes	1,204	46,669	\$1,846,693	\$1,534	\$40	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	400	477	\$391,979	\$980	\$822	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			51	1,241	\$68,612	\$1,345	\$55	24
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	57	224	\$24,505	\$430	\$109	4
Respite Care		T2037		Per session. One day/partial day = one session	51	87	\$13,279	\$260	\$153	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	\$4,046	\$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>3,856</b>		<b>\$14,523,058</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	16	174	\$169,140	\$10,571	\$972	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	55	56	\$57,661	\$1,048	\$1,030	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	132	720	\$78,441	\$594	\$109	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	128	361	\$68,639	\$536	\$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	128	616	\$158,054	\$1,235	\$257	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	7	19	\$5,332	\$762	\$281	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	79	274	\$59,279	\$750	\$216	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	3	8	\$1,001	\$334	\$125	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	\$991	\$991	\$248	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
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		Encounter	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	4	6	\$521	\$130	\$87	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	10	19	\$1,650	\$165	\$87	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$244	\$122	\$122	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	44	117	\$22,325	\$507	\$191	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	88	301	\$103,119	\$1,172	\$343	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	3	3	\$1,570	\$523	\$523	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	22	22	\$4,979	\$226	\$226	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	19	25	\$1,869	\$98	\$75	1
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	269	301	\$79,977	\$297	\$266	1
Assessment for Autism		H0031	U5	Encounter	7	14	\$18,756	\$2,679	\$1,340	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	93	96	\$17,866	\$192	\$186	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5	24	\$4,467	\$893	\$186	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	113	6,258	\$555,041	\$4,912	\$89	55
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	5	20	\$2,067	\$413	\$103	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	4	9	\$930	\$233	\$103	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	10	33	\$1,245	\$125	\$38	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	803	\$3,356	\$1,119	\$4	268
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	9	186	\$11,528	\$1,281	\$62	21
Behavior Services		H2019	TT	15 Minutes	25	874	\$15,268	\$611	\$17	35
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	1	14	\$324	\$324	\$23	14
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	25	1,297	\$120,003	\$4,800	\$93	52
Wraparound (SED Waiver)		H2022		Days	2	42	\$8,026	\$4,013	\$191	21
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	8	\$680	\$680	\$85	8
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	98	445	\$99,817	\$1,019	\$224	5
Family Training		S5111	HA	Encounter	1	1	\$224	\$224	\$224	1
Family Training		S5111	HM	Encounter	28	348	\$78,059	\$2,788	\$224	12
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	3	5	\$484	\$161	\$97	2
Respite Care		T1005		15 Minutes	10	3,525	\$9,697	\$970	\$3	353
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	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017		15 minutes	144	1,831	\$160,201	\$1,113	\$87	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	37	58	\$29,751	\$804	\$513	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	18	133	\$10,188	\$566	\$77	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Newaygo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>397</b>		<b>\$1,962,770</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	8	566	\$188,478	\$23,560	\$333	71	
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	36	377	\$232,935	\$6,470	\$618	10	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	28	265	\$165,702	\$5,918	\$625	9	
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0	
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0	
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0	
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$1,793	\$598	\$598	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	95	95	\$54,718	\$576	\$576	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	52	99	\$8,721	\$168	\$88	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	290	1,356	\$195,619	\$675	\$144	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	87	378	\$63,724	\$732	\$169	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	53	162	\$28,554	\$539	\$176	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	149	688	\$110,961	\$745	\$161	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	17	103	\$9,161	\$539	\$89	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	18	141	\$24,395	\$1,355	\$173	8
Assessment for Autism		96101	U5	Hour	6	39	\$6,925	\$1,154	\$178	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	3	\$412	\$412	\$137	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
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	69	114	\$20,550	\$298	\$180	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	3	4	\$300	\$100	\$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	4	10	\$1,356	\$339	\$136	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	203	738	\$196,010	\$966	\$266	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	74	103	\$27,411	\$370	\$266	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	3	3	\$299	\$100	\$100	1
Additional Codes-Physician Services		99223		70 Minutes	1	17	\$3,399	\$3,399	\$200	17
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	3	20	\$1,176	\$392	\$59	7
Additional Codes-Physician Services		99233		35 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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$562	\$562	\$562	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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	446	461	\$171,108	\$384	\$371	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	401	558	\$140,103	\$349	\$251	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	86	107	\$25,947	\$302	\$242	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	12	25	\$2,261	\$188	\$90	2
Home Based Services		H0036		15 Minutes	77	8,238	\$587,975	\$7,636	\$71	107
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	4	\$197	\$197	\$49	4
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	1	4	\$721	\$721	\$180	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	133	599	\$32,017	\$241	\$53	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	356	\$1,966	\$983	\$6	178
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	13	774	\$98,391	\$7,569	\$127	60
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	8	9	\$1,600	\$200	\$178	1
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	1	2	\$480	\$480	\$240	2
Family Training		S5111	HA	Encounter	10	61	\$26,266	\$2,627	\$431	6
Family Training		S5111	HM	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	6	683	\$199,273	\$33,212	\$292	114
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	3	\$223	\$223	\$74	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	25	1,243	\$130,974	\$5,239	\$105	50
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	1	1	\$46	\$46	\$46	1
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$1,522	\$381	\$381	1
Health Services		T1002		Up to 15 min	38	79	\$7,523	\$198	\$95	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	15	67	\$6,158	\$411	\$92	4
Targeted Case Management		T1017		15 minutes	121	4,286	\$316,335	\$2,614	\$74	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	64	77	\$29,139	\$455	\$378	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	4	\$505	\$505	\$126	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	3	22	\$10,016	\$3,339	\$455	7
Respite Care		T2037		Per session. One day/partial day = one session	1	20	\$544	\$544	\$27	20
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>747</b>		<b>\$3,134,451</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	153	\$58,298	\$58,298	\$381	153
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	11	113	\$108,119	\$9,829	\$957	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	12	91	\$77,844	\$6,487	\$855	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	42	42	\$29,109	\$693	\$693	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	23	60	\$4,767	\$207	\$79	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	83	590	\$67,134	\$809	\$114	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	35	129	\$16,332	\$467	\$127	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	4	11	\$2,064	\$516	\$188	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	8	12	\$2,322	\$290	\$193	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$137	\$137	\$137	1
Assessment for Autism		96101	U5	Hour	2	9	\$4,051	\$2,026	\$450	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	13	13	\$3,994	\$307	\$307	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	16	16	\$5,635	\$352	\$352	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	2	2	\$219	\$109	\$109	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	8	8	\$2,192	\$274	\$274	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	12	13	\$3,543	\$295	\$273	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	176	526	\$132,915	\$755	\$253	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	39	57	\$19,113	\$490	\$335	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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 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	\$166	\$166	\$166	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$645	\$215	\$215	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	4	15	\$1,757	\$439	\$117	4
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$172	\$172	\$172	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	12	12	\$1,888	\$157	\$157	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	186	193	\$57,903	\$311	\$300	1
Assessment for Autism		H0031	U5	Encounter	3	3	\$13,616	\$4,539	\$4,539	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	138	139	\$21,455	\$155	\$154	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	51	84	\$11,793	\$231	\$140	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	12	431	\$27,136	\$2,261	\$63	36
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
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	102	417	\$21,226	\$208	\$51	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	8	379	\$6,707	\$838	\$18	47
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	5,035	\$78,955	\$2,024	\$16	129
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	1	261	\$16,354	\$16,354	\$63	261
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	1	589	\$14,349	\$14,349	\$24	589
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	13	1,533	\$147,299	\$11,331	\$96	118
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	100	\$4,681	\$4,681	\$47	100
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	55	147	\$33,258	\$605	\$226	3
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	4	165	\$11,133	\$2,783	\$67	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	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	\$161	\$81	\$81	1
Health Services		T1002		Up to 15 min	1	1	\$38	\$38	\$38	1
Respite Care		T1005		15 Minutes	20	20,448	\$26,850	\$1,342	\$1	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	15	150	\$14,744	\$983	\$98	10
Targeted Case Management		T1017		15 minutes	124	4,664	\$313,229	\$2,526	\$67	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	261	\$68	\$68	\$0	261
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	18	23	\$3,189	\$177	\$139	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	25	\$3,931	\$1,310	\$157	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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	4	127	\$398	\$100	\$3	32
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					4	0	\$3,750	\$938	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>349</b>		<b>\$1,374,639</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0	
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	29	306	\$263,556	\$9,088	\$861	11	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	23	196	\$150,832	\$6,558	\$770	9	
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0	
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0	
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0	
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$168	\$168	\$168	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	178	180	\$52,999	\$298	\$294	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	109	110	\$47,257	\$434	\$430	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	5	9	\$578	\$116	\$64	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	150	962	\$93,378	\$623	\$97	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	15	68	\$13,136	\$876	\$193	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	37	75	\$8,989	\$243	\$120	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	487	2,931	\$419,520	\$861	\$143	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	12	80	\$5,332	\$444	\$67	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	32	32	\$5,906	\$185	\$185	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	5	\$783	\$392	\$157	3
Assessment for Autism		96101	U5	Hour	1	2	\$275	\$275	\$138	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
Assessment for Autism		96118	U5	Hour	2	2	\$1,312	\$656	\$656	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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$413	\$138	\$138	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	123	269	\$46,639	\$379	\$173	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	68	90	\$15,756	\$232	\$175	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	201	585	\$70,602	\$351	\$121	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	6	6	\$698	\$116	\$116	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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 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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	28	28	\$3,582	\$128	\$128	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	450	479	\$137,455	\$305	\$287	1
Assessment for Autism		H0031	U5	Encounter	2	3	\$905	\$453	\$302	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	564	789	\$251,866	\$447	\$319	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	\$112	\$112	\$112	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	176	18,268	\$1,323,495	\$7,520	\$72	104
Home Based Services		H0036	ST	15 Minutes	4	66	\$4,748	\$1,187	\$72	17
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	4	18	\$476	\$119	\$26	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	191	1,291	\$133,388	\$698	\$103	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	17	5,887	\$28,422	\$1,672	\$5	346
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	348	\$5,491	\$5,491	\$16	348
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	81	5,683	\$451,584	\$5,575	\$79	70
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	3	3	\$313	\$104	\$104	1
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	102	\$2,023	\$2,023	\$20	102
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	2	11	\$2,072	\$1,036	\$188	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	7	35	\$6,591	\$942	\$188	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	24	27	\$1,894	\$79	\$70	1
Respite Care		T1005		15 Minutes	5	1,896	\$6,390	\$1,278	\$3	379
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	35	175	\$9,921	\$283	\$57	5
Targeted Case Management		T1017		15 minutes	141	3,341	\$229,165	\$1,625	\$69	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	120	176	\$88,598	\$738	\$503	1
Prevention Services - Direct Model		T1027		15 Minutes	5	33	\$1,248	\$250	\$38	7
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>1,021</b>		<b>\$3,887,868</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	22	\$24,547	\$8,182	\$1,116	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	12	63	\$63,416	\$5,285	\$1,007	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	7	7	\$4,262	\$609	\$609	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	64	64	\$45,265	\$707	\$707	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	61	211	\$21,039	\$345	\$100	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	74	203	\$32,121	\$434	\$158	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	75	326	\$71,485	\$953	\$219	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	28	134	\$34,258	\$1,224	\$256	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	39	165	\$36,587	\$938	\$222	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	15	90	\$18,441	\$1,229	\$205	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1	5	\$623	\$623	\$125	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	33	37	\$10,798	\$327	\$292	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	6	\$296	\$296	\$49	6
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
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
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	2	2	\$1,173	\$587	\$587	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	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	29	37	\$6,155	\$212	\$166	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	118	442	\$103,592	\$878	\$234	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	19	21	\$8,464	\$445	\$403	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$379	\$190	\$190	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	101	119	\$37,076	\$367	\$312	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	183	299	\$43,998	\$240	\$147	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	37	166	\$34,850	\$942	\$210	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	4	\$716	\$358	\$179	2
Home Based Services		H0036		15 Minutes	60	8,056	\$327,638	\$5,461	\$41	134
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	7	151	\$22,015	\$3,145	\$146	22
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	30	\$3,191	\$399	\$106	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	100	739	\$35,701	\$357	\$48	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	302	6,551	\$78,284	\$259	\$12	22
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	619	\$7,600	\$1,267	\$12	103
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	12	692	\$39,686	\$3,307	\$57	58
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	4	7	\$1,050	\$263	\$150	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	8	70	\$3,067	\$383	\$44	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	\$308	\$103	\$103	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	1	1	\$197	\$197	\$197	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	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	4	666	\$2,343	\$586	\$4	167
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	156	2,602	\$141,653	\$908	\$54	17
Targeted Case Management		T1017		15 minutes	11	213	\$11,255	\$1,023	\$53	19
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	23	30	\$19,147	\$832	\$638	1
Prevention Services - Direct Model		T1027		15 Minutes	3	50	\$2,517	\$839	\$50	17
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	4	29	\$1,993	\$498	\$69	7
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	\$182	\$182	\$182	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

<b>Northpointe</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	5	50	\$1,277	\$255	\$26	10
Respite Care		T2037		Per session. One day/partial day = one session	5	50	\$517	\$103	\$10	10
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	\$2,126	\$2,126	\$0	0
<b>Total Population and Cost</b>					<b>321</b>		<b>\$1,301,287</b>			



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	12	992	\$285,696	\$23,808	\$288	83
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	129	1,040	\$599,785	\$4,649	\$577	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	51	\$28,075	\$14,038	\$550	26
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
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	157	1,246	\$286,671	\$1,826	\$230	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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	307	311	\$140,572	\$458	\$452	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	475	482	\$287,899	\$606	\$597	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	317	471	\$49,754	\$157	\$106	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	594	1,867	\$330,441	\$556	\$177	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	730	3,621	\$879,494	\$1,205	\$243	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	175	458	\$103,227	\$590	\$225	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	725	3,127	\$682,283	\$941	\$218	4
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	\$103	\$103	\$103	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	95	736	\$60,009	\$632	\$82	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	24	501	\$52,618	\$2,192	\$105	21
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	11	12	\$2,010	\$183	\$167	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	13	\$22,356	\$3,726	\$1,720	2
Assessment for Autism		96101	U5	Hour	10	11	\$6,352	\$635	\$577	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	20	40	\$4,527	\$226	\$113	2
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	15	15	\$4,249	\$283	\$283	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	1	12	\$571	\$571	\$48	12
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	16	698	\$41,834	\$2,615	\$60	44
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	37	\$2,209	\$2,209	\$60	37
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	6	6	\$2,383	\$397	\$397	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	15	15	\$3,890	\$259	\$259	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$276	\$276	\$276	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	4	4	\$1,060	\$265	\$265	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	5	7	\$390	\$78	\$56	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	269	757	\$162,886	\$606	\$215	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	753	3,018	\$653,970	\$868	\$217	4
Assessment for Autism		99213	U5	Encounter	1	6	\$1,352	\$1,352	\$225	6
Substance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	242	455	\$134,339	\$555	\$295	2
Assessment for Autism		99214	U5	Encounter	1	1	\$274	\$274	\$274	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	47	59	\$26,309	\$560	\$446	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	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.	3	3	\$897	\$299	\$299	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	1	3	\$728	\$728	\$243	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	241	248	\$100,173	\$416	\$404	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	20	139	\$58,328	\$2,916	\$420	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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,253	1,534	\$729,102	\$582	\$475	1
Assessment for Autism		H0031	U5	Encounter	32	58	\$8,966	\$280	\$155	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1,146	6,457	\$858,693	\$749	\$133	6
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	\$237	\$118	\$118	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	712	86,019	\$5,002,845	\$7,026	\$58	121
Home Based Services		H0036	ST	15 Minutes	9	477	\$3,940	\$438	\$8	53
Peer Directed and Operated Support Services		H0038		15 minutes	32	108	\$3,664	\$114	\$34	3
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	119	\$6,448	\$6,448	\$54	119
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	1	12	\$2,848	\$2,848	\$237	12
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	\$548	\$548	\$274	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	10	\$65	\$65	\$7	10
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	869	2,885	\$337,811	\$389	\$117	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	137	42,893	\$252,483	\$1,843	\$6	313
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Oakland										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	186	\$2,086	\$2,086	\$11	186
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	36	59,951	\$942,688	\$26,186	\$16	1,665
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	75	4,545	\$634,097	\$8,455	\$140	61
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	36	4,182	\$112,058	\$3,113	\$27	116
Family Training - EBP		S5110		15 Minutes	1	8	\$406	\$406	\$51	8
Family Training		S5111		Encounter	217	1,402	\$189,331	\$872	\$135	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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	1	108	\$82,431	\$82,431	\$763	108
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	4	38	\$5,155	\$1,289	\$136	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	2	\$204	\$102	\$102	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	\$150	\$150	\$150	1
Health Services		T1002		Up to 15 min	163	209	\$12,395	\$76	\$59	1
Respite Care		T1005		15 Minutes	39	28,764	\$113,265	\$2,904	\$4	738
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	1	2	\$389	\$389	\$194	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	69	\$6,438	\$6,438	\$93	69
Targeted Case Management		T1017		15 minutes	211	1,680	\$239,645	\$1,136	\$143	8
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	365	480	\$309,765	\$849	\$645	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	12	71	\$2,560	\$213	\$36	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	1	8	\$3,331	\$3,331	\$416	8
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					15	0	\$5,641	\$376	\$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>2,481</b>		<b>\$14,887,674</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	41	384	\$314,457	\$7,670	\$819	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	21	226	\$133,188	\$6,342	\$589	11
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
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	32	160	\$51,163	\$1,599	\$320	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	144	155	\$88,145	\$612	\$569	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	82	82	\$77,701	\$948	\$948	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	35	113	\$12,371	\$353	\$109	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	75	381	\$49,107	\$655	\$129	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	32	114	\$31,385	\$981	\$275	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	\$69	\$69	\$69	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	76	197	\$33,957	\$447	\$172	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	267	2,527	\$318,767	\$1,194	\$126	9
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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	47	\$21,175	\$1,513	\$451	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	5	12	\$3,438	\$688	\$287	2
Assessment for Autism		96118	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	1	1	\$110	\$110	\$110	1
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	5	5	\$860	\$172	\$172	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	2	\$239	\$120	\$120	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	68	111	\$21,631	\$318	\$195	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	136	395	\$117,084	\$861	\$296	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	35	47	\$20,960	\$599	\$446	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	\$77	\$77	\$77	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$83	\$83	\$83	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	1	\$77	\$77	\$77	1
Additional Codes-Physician Services		99232		25 minutes	2	9	\$425	\$213	\$47	5
Additional Codes-Physician Services		99233		35 Minutes	1	3	\$255	\$255	\$85	3
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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	1	1	\$9	\$9	\$9	1
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	252	259	\$32,684	\$130	\$126	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	14	83	\$25,319	\$1,809	\$305	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	15	195	\$15,422	\$1,028	\$79	13
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	142	154	\$48,229	\$340	\$313	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	209	306	\$39,454	\$189	\$129	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	\$499	\$250	\$250	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	63	3,993	\$404,455	\$6,420	\$101	63
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	15	100	\$21,054	\$1,404	\$211	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	97	322	\$67,552	\$696	\$210	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	10	3,195	\$15,249	\$1,525	\$5	320
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	5	312	\$11,760	\$2,352	\$38	62
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	34	287	\$15,504	\$456	\$54	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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	7	39	\$9,793	\$1,399	\$251	6
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	13	77	\$2,175	\$167	\$28	6
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	\$939	\$313	\$313	1
Health Services		T1002		Up to 15 min	138	397	\$84,888	\$615	\$214	3
Respite Care		T1005		15 Minutes	40	12,981	\$58,048	\$1,451	\$4	325
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	14	182	\$31,568	\$2,255	\$173	13
Targeted Case Management		T1017		15 minutes	149	810	\$45,406	\$305	\$56	5
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	118	158	\$124,621	\$1,056	\$789	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	111	747	\$19,449	\$175	\$26	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>597</b>		<b>\$2,370,801</b>			

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	214	\$98,363	\$32,788	\$460	71
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	11	\$8,103	\$2,701	\$737	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	29	313	\$215,022	\$7,415	\$687	11
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$422	\$422	\$422	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	62	62	\$38,657	\$624	\$624	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	114	357	\$20,524	\$180	\$57	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	139	432	\$96,988	\$698	\$225	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	190	1,081	\$366,297	\$1,928	\$339	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	92	274	\$87,305	\$949	\$319	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	88	380	\$119,559	\$1,359	\$315	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	20	205	\$41,148	\$2,057	\$201	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Pathways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	4	\$370	\$123	\$93	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	3	3	\$1,690	\$563	\$563	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	1	3	\$279	\$279	\$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	107	239	\$37,406	\$350	\$157	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	124	315	\$75,137	\$606	\$239	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	33	37	\$14,216	\$431	\$384	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	3	3	\$370	\$123	\$123	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	2	3	\$112	\$56	\$37	2
Additional Codes-Physician Services		99232		25 minutes	3	44	\$4,972	\$1,657	\$113	15
Additional Codes-Physician Services		99233		35 Minutes	2	3	\$339	\$170	\$113	2
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Pathways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$968	\$484	\$484	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	113	127	\$56,379	\$499	\$444	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	248	315	\$78,082	\$315	\$248	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	156	11,772	\$493,718	\$3,165	\$42	75
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	2	82	\$17,851	\$8,925	\$218	41
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	149	1,208	\$71,417	\$479	\$59	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	58	7,452	\$62,522	\$1,078	\$8	128
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	5	156	\$24,636	\$4,927	\$158	31
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	17	1,017	\$45,897	\$2,700	\$45	60
Wraparound (SED Waiver)		H2022		Days	4	62	\$11,231	\$2,808	\$181	16
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	32	119	\$18,040	\$564	\$152	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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	5	156	\$16,903	\$3,381	\$108	31
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Pathways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	14	6,704	\$14,212	\$1,015	\$2	479
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	76	1,004	\$84,979	\$1,118	\$85	13
Targeted Case Management		T1017		15 minutes	12	73	\$5,726	\$477	\$78	6
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	51	78	\$32,126	\$630	\$412	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>511</b>		<b>\$2,261,964</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	13	\$3,744	\$3,744	\$288	13
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	13	115	\$101,292	\$7,792	\$881	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	36	\$25,203	\$4,200	\$700	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	8	8	\$1,679	\$210	\$210	1
Assessment		90792		Encounter	50	50	\$14,406	\$288	\$288	1
Mental Health: Outpatient Care		90832		30 Minutes	30	47	\$4,411	\$147	\$94	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	109	358	\$49,451	\$454	\$138	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	163	701	\$113,730	\$698	\$162	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	4	15	\$2,923	\$731	\$195	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	34	82	\$14,239	\$419	\$174	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	18	139	\$9,841	\$547	\$71	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$253	\$253	\$253	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	106	359	\$25,425	\$240	\$71	3
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	\$288	\$96	\$72	1
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
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	\$216	\$108	\$72	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$190	\$63	\$63	1
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	10	12	\$1,066	\$107	\$89	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	\$17	\$17	\$8	2
Additional Codes-Physician Services		99232		25 minutes	9	16	\$1,421	\$158	\$89	2
Additional Codes-Physician Services		99233		35 Minutes	11	47	\$3,940	\$358	\$84	4
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	238	244	\$34,832	\$146	\$143	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Pines											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
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	
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0	
Assessment		H0031		Encounter	206	215	\$44,895	\$218	\$209	1	
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0	
Treatment Planning		H0032		Encounter	204	314	\$46,438	\$228	\$148	2	
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	10	819	\$62,892	\$6,289	\$77	82	
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	
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	42	213	\$12,685	\$302	\$60	5	
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0	
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0	
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	4,712	\$21,315	\$4,263	\$5	942	
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	7	398	\$36,152	\$5,165	\$91	57
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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
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
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	21	21	\$1,132	\$54	\$54	1
Health Services		T1002		Up to 15 min	39	50	\$2,694	\$69	\$54	1
Respite Care		T1005		15 Minutes	4	2,874	\$12,883	\$3,221	\$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	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Siting 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	14	\$1,169	\$585	\$84	7
Targeted Case Management		T1017		15 minutes	8	54	\$4,510	\$564	\$84	7
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	76	135	\$78,572	\$1,034	\$582	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

<b>Pines</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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>408</b>		<b>\$734,333</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	90	\$80,669	\$40,335	\$896	45
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	97	\$65,967	\$5,497	\$680	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	98	958	\$651,507	\$6,648	\$680	10
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	22	22	\$5,672	\$258	\$258	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	98	98	\$19,982	\$204	\$204	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	140	421	\$88,476	\$632	\$210	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	267	1,531	\$283,449	\$1,062	\$185	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	165	966	\$327,954	\$1,988	\$339	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	55	174	\$64,378	\$1,171	\$370	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	177	731	\$181,449	\$1,025	\$248	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	20	124	\$41,721	\$2,086	\$336	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	118	\$21,860	\$3,643	\$185	20
Speech & Language Therapy		92508		Encounter	3	19	\$4,765	\$1,588	\$251	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	5	5	\$823	\$165	\$165	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	5	\$1,187	\$237	\$237	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	15	\$1,047	\$524	\$70	8
Physical Therapy		97001		Encounter	1	1	\$243	\$243	\$243	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	6	7	\$1,172	\$195	\$167	1
Occupational Therapy		97004		Encounter	1	1	\$97	\$97	\$97	1
Occupational or Physical Therapy		97110		15 Minutes	1	60	\$3,777	\$3,777	\$63	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	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	197	\$12,407	\$2,068	\$63	33
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	5	\$255	\$255	\$51	5
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$1,047	\$262	\$262	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	22	24	\$9,115	\$414	\$380	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	\$499	\$125	\$125	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	38	89	\$4,201	\$111	\$47	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	117	327	\$24,806	\$212	\$76	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	194	489	\$80,504	\$415	\$165	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	12	14	\$3,777	\$315	\$270	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	53	60	\$13,635	\$257	\$227	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	45	79	\$12,789	\$284	\$162	2
Additional Codes-Physician Services		99232		25 minutes	52	334	\$7,225	\$139	\$22	6
Additional Codes-Physician Services		99233		35 Minutes	10	12	\$1,225	\$123	\$102	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Saginaw	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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	1	1	\$109	\$109	\$109	1
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	1	7	\$24	\$24	\$3	7
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	29	29	\$20,599	\$710	\$710	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	403	570	\$297,375	\$738	\$522	1
Assessment for Autism		H0031	U5	Encounter	7	9	\$3,163	\$452	\$351	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	27	55	\$10,250	\$380	\$186	2
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	59	2,922	\$259,046	\$4,391	\$89	50
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	16	\$1,180	\$148	\$74	2
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	287	2,362	\$467,656	\$1,629	\$198	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	53	12,229	\$49,662	\$937	\$4	231
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	2,873	\$114,467	\$38,156	\$40	958
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	91	2,231	\$487,191	\$5,354	\$218	25
Wraparound (SED Waiver)		H2022		Days	32	280	\$190,099	\$5,941	\$679	9
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	14	14	\$2,084	\$149	\$149	1
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	234	\$9,423	\$2,356	\$40	59
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	19	97	\$50,048	\$2,634	\$516	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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	3	148	\$48,619	\$16,206	\$329	49
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	2	\$363	\$182	\$182	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	51	1,873	\$211,530	\$4,148	\$113	37
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	77	45,824	\$179,961	\$2,337	\$4	595
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	3	620	\$2,492	\$831	\$4	207
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	14	204	\$14,266	\$1,019	\$70	15
Targeted Case Management		T1017		15 minutes	304	5,091	\$301,555	\$992	\$59	17
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	315	431	\$196,248	\$623	\$455	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	\$43	\$43	\$22	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	71	525	\$67,223	\$947	\$128	7
Respite Care		T2037		Per session. One day/partial day = one session	57	1,294	\$165,690	\$2,907	\$128	23
Housing Assistance		T2038		Service	3	3	\$1,120	\$373	\$373	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	1	1	\$550	\$550	\$550	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>958</b>		<b>\$5,169,716</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	17	166	\$118,038	\$6,943	\$711	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	53	\$37,687	\$5,384	\$711	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	14	\$4,977	\$2,489	\$356	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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$3,272	\$364	\$364	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	41	42	\$17,203	\$420	\$410	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	54	151	\$13,706	\$254	\$91	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	89	481	\$80,425	\$904	\$167	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	108	539	\$109,120	\$1,010	\$202	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	19	42	\$5,079	\$267	\$121	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	94	335	\$51,542	\$548	\$154	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	49	\$3,705	\$309	\$76	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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	4	20	\$2,937	\$734	\$147	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2	6	\$615	\$307	\$102	3
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	14	14	\$3,502	\$250	\$250	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	15	54	\$3,984	\$266	\$74	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	22	\$2,746	\$131	\$125	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	10	13	\$2,107	\$211	\$162	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	97	354	\$95,918	\$989	\$271	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	19	34	\$14,520	\$764	\$427	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	115	117	\$57,409	\$499	\$491	1
Assessment for Autism		H0031	U5	Encounter	5	11	\$2,162	\$432	\$197	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	88	89	\$27,795	\$316	\$312	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	3	\$118	\$39	\$39	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	1	\$133	\$133	\$133	1
Home Based Services		H0036		15 Minutes	42	7,343	\$258,941	\$6,165	\$35	175
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	2	2	\$110	\$55	\$55	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	18	60	\$6,670	\$371	\$111	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	4	1,181	\$6,849	\$1,712	\$6	295
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	190	\$7,296	\$1,824	\$38	48
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	4	79	\$3,034	\$758	\$38	20
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	12	\$146	\$146	\$12	12
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	29	\$1,190	\$397	\$41	10
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	7	19	\$2,536	\$362	\$133	3
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	1	\$116	\$116	\$116	1
Respite Care		T1005		15 Minutes	26	9,263	\$42,989	\$1,653	\$5	356
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	2	1,774	\$5,546	\$2,773	\$3	887
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	103	1,039	\$94,450	\$917	\$91	10
Targeted Case Management		T1017		15 minutes	2	56	\$2,546	\$1,273	\$45	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	33	47	\$21,861	\$662	\$465	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	12	\$1,381	\$197	\$115	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	24	\$3,355	\$1,677	\$140	12
Enhanced Medical Equipment-Supplies		T2028		Items	4	4	\$376	\$94	\$94	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>213</b>		<b>\$1,118,089</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	89	\$64,450	\$5,371	\$724	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15	102	\$63,043	\$4,203	\$618	7
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	59	59	\$25,175	\$427	\$427	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	30	30	\$5,807	\$194	\$194	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	90	469	\$65,151	\$724	\$139	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	135	519	\$60,867	\$451	\$117	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	133	709	\$100,945	\$759	\$142	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	32	106	\$27,940	\$873	\$264	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	90	375	\$97,295	\$1,081	\$259	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	6	37	\$2,968	\$495	\$80	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$829	\$829	\$414	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
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		Encounter	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	19	19	\$4,902	\$258	\$258	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	7	85	\$4,428	\$633	\$52	12
Occupational or Physical Therapy		97112		15 Minutes	4	74	\$3,806	\$952	\$51	19
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	11	532	\$28,220	\$2,565	\$53	48
Occupational or Physical Therapy		97532		15 Minutes	2	3	\$165	\$82	\$55	2
Occupational or Physical Therapy		97533		15 Minutes	13	323	\$16,449	\$1,265	\$51	25
Occupational or Physical Therapy		97535		15 Minutes	10	64	\$3,298	\$330	\$52	6

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	56	202	\$12,381	\$221	\$61	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	48	126	\$13,421	\$280	\$107	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	140	\$15,099	\$240	\$108	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	\$1,186	\$296	\$237	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	12	12	\$1,546	\$129	\$129	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	2	\$77	\$77	\$38	2
Additional Codes-Physician Services		99232		25 minutes	12	57	\$3,833	\$319	\$67	5
Additional Codes-Physician Services		99233		35 Minutes	8	9	\$755	\$94	\$84	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	42	42	\$8,200	\$195	\$195	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	222	248	\$80,253	\$362	\$324	1
Assessment for Autism		H0031	U5	Encounter	1	2	\$354	\$354	\$177	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	162	189	\$29,367	\$181	\$155	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	39	39	\$6,868	\$176	\$176	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	74	4,727	\$408,998	\$5,527	\$87	64
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	2	5	\$1,634	\$817	\$327	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2	10	\$2,595	\$1,298	\$260	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	42	198	\$19,445	\$463	\$98	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	5,436	\$49,666	\$3,311	\$9	362
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	7	291	\$24,572	\$3,510	\$84	42
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	1	1	\$170	\$170	\$170	1
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	26	228	\$68,188	\$2,623	\$299	9
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	8	20	\$3,648	\$456	\$182	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	63	65	\$18,063	\$287	\$278	1
Health Services		T1002		Up to 15 min	7	7	\$589	\$84	\$84	1
Respite Care		T1005		15 Minutes	37	9,610	\$63,355	\$1,712	\$7	260
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	9	161	\$15,315	\$1,702	\$95	18
Targeted Case Management		T1017		15 minutes	23	486	\$44,423	\$1,931	\$91	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	78	101	\$64,050	\$821	\$634	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	8	\$999	\$999	\$125	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	5	\$699	\$699	\$140	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>394</b>		<b>\$1,535,484</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	400	\$133,200	\$19,029	\$333	57
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	90	831	\$493,605	\$5,484	\$594	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	21	\$17,772	\$5,924	\$846	7
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
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	36	226	\$71,131	\$1,976	\$315	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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			5	31	\$310	\$62	\$10	6
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	13	\$9,294	\$775	\$715	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	145	146	\$100,600	\$694	\$689	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	125	616	\$67,412	\$539	\$109	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	265	1,979	\$269,425	\$1,017	\$136	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	156	1,188	\$286,089	\$1,834	\$241	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.	4	4	\$1,073	\$268	\$268	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	69	116	\$23,775	\$345	\$205	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	238	1,282	\$247,098	\$1,038	\$193	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	65	826	\$266,285	\$4,097	\$322	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	5	\$447	\$447	\$89	5
Assessment for Autism		96101	U5	Hour	1	2	\$46	\$46	\$23	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
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		Encounter	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	2	\$160	\$80	\$80	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	2	3	\$96	\$48	\$32	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	26	\$1,472	\$491	\$57	9
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$461	\$230	\$230	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	7	8	\$2,058	\$294	\$257	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	22	24	\$3,639	\$165	\$152	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	160	278	\$56,745	\$355	\$204	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	240	831	\$244,804	\$1,020	\$295	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	30	41	\$20,998	\$700	\$512	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	\$102	\$102	\$102	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	\$304	\$304	\$101	3
Additional Codes-Physician Services		99232		25 minutes	1	1	\$102	\$102	\$102	1
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$102	\$102	\$102	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	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	2	\$495	\$495	\$247	2
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	34	1,254	\$182,229	\$5,360	\$145	37
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	354	371	\$211,762	\$598	\$571	1
Assessment for Autism		H0031	U5	Encounter	4	5	\$1,352	\$338	\$270	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	149	259	\$46,332	\$311	\$179	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	74	114	\$18,742	\$253	\$164	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	157	47,974	\$1,905,037	\$12,134	\$40	306
Home Based Services		H0036	ST	15 Minutes	9	236	\$13,248	\$1,472	\$56	26
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
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	16	71	\$4,884	\$305	\$69	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	79	11,054	\$287,144	\$3,635	\$26	140
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	2	428	\$132,822	\$66,411	\$310	214
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	1,047	\$50,370	\$50,370	\$48	1,047
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	14	300	\$62,043	\$4,432	\$207	21
Wraparound (SED Waiver)		H2022		Days	9	177	\$45,332	\$5,037	\$256	20
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	127	\$13,724	\$13,724	\$108	127
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	88	516	\$142,637	\$1,621	\$276	6
Family Training		S5111	HA	Encounter	1	1	\$335	\$335	\$335	1
Family Training		S5111	HM	Encounter	22	219	\$58,412	\$2,655	\$267	10
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	2	\$783	\$391	\$391	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	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	17	896	\$50,177	\$2,952	\$56	53
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	6	6	\$571	\$95	\$95	1
Respite Care		T1005		15 Minutes	38	14,346	\$59,849	\$1,575	\$4	378
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	414	\$1,269	\$317	\$3	104
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	278	6,391	\$326,649	\$1,175	\$51	23
Targeted Case Management		T1017		15 minutes	2	25	\$1,549	\$774	\$62	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2	428	\$2,810	\$1,405	\$7	214
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	27	27	\$6,804	\$252	\$252	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	2	13	\$924	\$462	\$71	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>662</b>		<b>\$5,946,890</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	54	\$15,552	\$15,552	\$288	54	
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	65	\$52,720	\$8,787	\$811	11	
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	
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		80100		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$314	\$157	\$157	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	44	44	\$6,044	\$137	\$137	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	66	143	\$9,465	\$143	\$66	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	163	1,195	\$136,553	\$838	\$114	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	22	46	\$5,711	\$260	\$124	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	97	433	\$27,032	\$279	\$62	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	177	698	\$86,178	\$487	\$123	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
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	25	33	\$2,995	\$120	\$91	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	98	287	\$74,254	\$758	\$259	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	11	11	\$3,566	\$324	\$324	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	4	4	\$338	\$85	\$85	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$30	\$30	\$30	1
Additional Codes-Physician Services		99223		70 Minutes	2	3	\$273	\$136	\$91	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	2	3	\$199	\$99	\$66	2
Additional Codes-Physician Services		99232		25 minutes	4	8	\$658	\$164	\$82	2
Additional Codes-Physician Services		99233		35 Minutes	3	11	\$1,011	\$337	\$92	4
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	13	311	\$70,688	\$5,438	\$227	24
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	218	227	\$132,958	\$610	\$586	1
Assessment for Autism		H0031	U5	Encounter	7	7	\$3,516	\$502	\$502	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	125	127	\$11,459	\$92	\$90	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	41	4,196	\$165,906	\$4,046	\$40	102
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	1	\$2	\$2	\$2	1
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	14	114	\$4,701	\$336	\$41	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	63	32,603	\$488,874	\$7,760	\$15	518
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	59	\$2,702	\$1,351	\$46	30
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	18	312	\$50,590	\$2,811	\$162	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	38	38	\$1,940	\$51	\$51	1
Health Services		T1002		Up to 15 min	84	155	\$10,826	\$129	\$70	2
Respite Care		T1005		15 Minutes	6	3,045	\$13,972	\$2,329	\$5	508
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	1	4	\$209	\$209	\$52	4
Targeted Case Management		T1017		15 minutes	153	3,658	\$315,215	\$2,060	\$86	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	17	21	\$23,525	\$1,384	\$1,120	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>445</b>		<b>\$1,719,975</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	260	\$74,880	\$37,440	\$288	130
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	24	221	\$157,737	\$6,572	\$714	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	10	109	\$74,456	\$7,446	\$683	11
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
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$1,984	\$220	\$220	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	193	196	\$65,197	\$338	\$333	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	70	109	\$13,392	\$191	\$123	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	408	1,550	\$291,579	\$715	\$188	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	338	975	\$231,699	\$685	\$238	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	10	16	\$3,400	\$340	\$213	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	209	903	\$177,608	\$850	\$197	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	31	223	\$27,443	\$885	\$123	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	2	\$665	\$333	\$333	1
Assessment for Autism		96101	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	2	5	\$1,663	\$832	\$333	3
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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	14	72	\$4,796	\$343	\$67	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	150	239	\$21,885	\$146	\$92	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	301	672	\$95,453	\$317	\$142	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	118	208	\$45,793	\$388	\$220	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	3	\$887	\$296	\$296	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	3	\$261	\$130	\$87	2
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$164	\$82	\$82	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	5	\$435	\$435	\$87	5
Additional Codes-Physician Services		99232		25 minutes	3	7	\$590	\$197	\$84	2
Additional Codes-Physician Services		99233		35 Minutes	3	9	\$749	\$250	\$83	3
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	142	148	\$18,352	\$129	\$124	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	7	71	\$6,332	\$905	\$89	10
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	536	549	\$157,436	\$294	\$287	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	4	6	\$505	\$126	\$84	2
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	244	53,387	\$1,373,215	\$5,628	\$26	219
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	12	135	\$30,612	\$2,551	\$227	11
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	46	256	\$38,072	\$828	\$149	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	27	5,542	\$32,212	\$1,193	\$6	205
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	1	24	\$741	\$741	\$31	24
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	29	249	\$38,073	\$1,313	\$153	9
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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	46	5,293	\$401,035	\$8,718	\$76	115
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	21	30	\$1,175	\$56	\$39	1
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	3	34	\$1,960	\$653	\$58	11
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	2	2,483	\$5,724	\$2,862	\$2	1,242
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	82	347	\$82,555	\$1,007	\$238	4
Targeted Case Management		T1017		15 minutes	57	3,684	\$172,899	\$3,033	\$47	65
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	47	59	\$40,756	\$867	\$691	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	26	\$422	\$141	\$16	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>1,137</b>		<b>\$3,694,788</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	12	\$7,633	\$2,544	\$636	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	16	123	\$89,865	\$5,617	\$731	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	65	65	\$35,084	\$540	\$540	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$513	\$513	\$513	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	11	12	\$885	\$80	\$74	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	62	194	\$34,558	\$557	\$178	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	67	335	\$111,135	\$1,659	\$332	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	2	\$363	\$363	\$182	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	38	126	\$26,621	\$701	\$211	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	4	15	\$2,360	\$590	\$157	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	\$384	\$384	\$96	4
Assessment for Autism		96101	U5	Hour	3	12	\$1,320	\$440	\$110	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Tuscola	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	97	252	\$38,111	\$393	\$151	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	78	172	\$41,823	\$536	\$243	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	31	48	\$16,979	\$548	\$354	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	6	\$2,709	\$677	\$452	2

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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	14	16	\$2,170	\$155	\$136	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
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	5	\$192	\$96	\$38	3
Additional Codes-Physician Services		99232		25 minutes	23	92	\$6,544	\$285	\$71	4
Additional Codes-Physician Services		99233		35 Minutes	2	2	\$204	\$102	\$102	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Tuscola	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	76	78	\$28,933	\$381	\$371	1
Assessment for Autism		H0031	U5	Encounter	3	6	\$5,611	\$1,870	\$935	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	74	78	\$19,874	\$269	\$255	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	129	17,856	\$1,451,573	\$11,253	\$81	138
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	12	87	\$4,414	\$368	\$51	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	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	9	9	\$1,143	\$127	\$127	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	664	\$5,127	\$5,127	\$8	664
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	2,018	\$60,800	\$30,400	\$30	1,009
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	43	\$4,522	\$4,522	\$105	43
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	242	\$10,793	\$5,397	\$45	121
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
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	4	4	\$616	\$154	\$154	1
Respite Care		T1005		15 Minutes	14	1,748	\$5,453	\$390	\$3	125
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	8	79	\$9,579	\$1,197	\$121	10
Targeted Case Management		T1017		15 minutes	12	437	\$42,801	\$3,567	\$98	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	32	49	\$33,540	\$1,048	\$684	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	45	297	\$2,468	\$55	\$8	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	2	17	\$1,035	\$518	\$61	9
Respite Care		T2037		Per session. One day/partial day = one session	1	5	\$193	\$193	\$39	5
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					74	0	\$13,512	\$183	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>254</b>		<b>\$2,121,440</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	56	\$49,849	\$9,970	\$890	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	9	46	\$34,861	\$3,873	\$758	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Van Buren										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	138	139	\$38,967	\$282	\$280	1
Assessment for Autism		90791	U5	Encounter	2	3	\$906	\$453	\$302	2
Assessment		90792		Encounter	46	46	\$13,082	\$284	\$284	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	58	174	\$16,607	\$286	\$95	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	114	466	\$86,266	\$757	\$185	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	60	215	\$60,866	\$1,014	\$283	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	19	59	\$8,702	\$458	\$147	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	61	189	\$30,041	\$492	\$159	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	13	64	\$3,797	\$292	\$59	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	12	35	\$6,882	\$573	\$197	3
Assessment for Autism		96101	U5	Hour	3	5	\$916	\$305	\$183	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Van Buren										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	109	328	\$25,239	\$232	\$77	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	11	13	\$1,444	\$131	\$111	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Van Buren										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	6	6	\$493	\$82	\$82	1
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$194	\$97	\$97	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$184	\$92	\$92	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	6	10	\$875	\$146	\$87	2
Additional Codes-Physician Services		99232		25 minutes	5	5	\$475	\$95	\$95	1
Additional Codes-Physician Services		99233		35 Minutes	4	11	\$1,020	\$255	\$93	3
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	246	255	\$25,740	\$105	\$101	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		H0031	U5	Encounter	1	2	\$1,055	\$1,055	\$528	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	125	133	\$26,853	\$215	\$202	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	24	1,605	\$169,644	\$7,069	\$106	67
Home Based Services		H0036	ST	15 Minutes	2	22	\$2,325	\$1,163	\$106	11
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
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	43	155	\$7,645	\$178	\$49	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	11	244	\$2,262	\$206	\$9	22
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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	2	591	\$14,356	\$7,178	\$24	296
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	44	\$4,368	\$2,184	\$99	22
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	6	\$1,013	\$1,013	\$169	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	6	96	\$5,481	\$913	\$57	16
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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	3	440	\$1,772	\$591	\$4	147
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	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017		15 minutes	72	2,491	\$375,447	\$5,215	\$151	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	27	38	\$11,476	\$425	\$302	1
Prevention Services - Direct Model		T1027		15 Minutes	5	153	\$23,102	\$4,620	\$151	31
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
(Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

<b>Van Buren</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		T2034		Days	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>481</b>		<b>\$1,054,204</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	25	\$12,380	\$12,380	\$495	25
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	23	225	\$148,608	\$6,461	\$660	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	40	421	\$346,736	\$8,668	\$824	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	23	\$21,830	\$21,830	\$949	23
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	14	174	\$62,005	\$4,429	\$356	12
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		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$2,290	\$572	\$572	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	122	123	\$86,329	\$708	\$702	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	35	58	\$8,367	\$239	\$144	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	51	136	\$29,195	\$572	\$215	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	84	356	\$107,989	\$1,286	\$303	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	27	86	\$27,220	\$1,008	\$317	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	286	1,829	\$497,964	\$1,741	\$272	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	7	71	\$30,492	\$4,356	\$429	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	29	168	\$69,564	\$2,399	\$414	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	53	\$2,018	\$673	\$38	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	1	1	\$75	\$75	\$75	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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	17	\$3,718	\$1,239	\$219	6
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	3	6	\$7,956	\$2,652	\$1,326	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
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		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	3	17	\$1,648	\$549	\$97	6
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	2	2	\$1,148	\$574	\$574	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	5	\$79	\$79	\$16	5
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	22	\$321	\$321	\$15	22
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	51	\$807	\$403	\$16	26
Occupational or Physical Therapy		97535		15 Minutes	1	13	\$237	\$237	\$18	13

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$134	\$134	\$134	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	12	18	\$5,923	\$494	\$329	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	108	268	\$73,140	\$677	\$273	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	221	783	\$238,917	\$1,081	\$305	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	32	39	\$16,100	\$503	\$413	1

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$236	\$118	\$118	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	325	360	\$111,701	\$344	\$310	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	171	252	\$52,091	\$305	\$207	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	14	\$1,906	\$1,906	\$136	14
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	50	7,093	\$509,311	\$10,186	\$72	142
Home Based Services		H0036	ST	15 Minutes	4	65	\$4,667	\$1,167	\$72	16
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
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	54	268	\$20,381	\$377	\$76	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	6	292	\$3,513	\$585	\$12	49
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	341	\$910	\$910	\$3	341
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	2	1,581	\$25,264	\$12,632	\$16	791
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	15	556	\$40,227	\$2,682	\$72	37
Wraparound (SED Waiver)		H2022		Days	7	131	\$51,746	\$7,392	\$395	19
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	183	\$5,916	\$2,958	\$32	92
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	18	147	\$14,359	\$798	\$98	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	47	2,040	\$146,023	\$3,107	\$72	43
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	245	245	\$41,158	\$168	\$168	1
Health Services		T1002		Up to 15 min	243	709	\$66,915	\$275	\$94	3
Respite Care		T1005		15 Minutes	16	6,286	\$23,824	\$1,489	\$4	393
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	1	8	\$1,515	\$1,515	\$189	8
Targeted Case Management		T1017		15 minutes	258	3,159	\$565,587	\$2,192	\$179	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	86	122	\$30,917	\$360	\$253	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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	1	3	\$754	\$754	\$251	3
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	\$2,152	\$1,076	\$0	0
<b>Total Population and Cost</b>					<b>873</b>		<b>\$3,524,262</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0	
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	121	\$107,301	\$10,730	\$887	12	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0	
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0	
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0	
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0	
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	51	53	\$31,662	\$621	\$597	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	26	47	\$5,153	\$198	\$110	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	38	123	\$20,441	\$538	\$166	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	78	538	\$120,221	\$1,541	\$223	7
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
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	\$520	\$520	\$520	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	20	39	\$10,148	\$507	\$260	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	9	19	\$2,656	\$295	\$140	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	21	\$4,713	\$673	\$224	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	\$657	\$219	\$219	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	150	591	\$131,752	\$878	\$223	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	0	0	\$0	\$0	\$0	0
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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		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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	82	89	\$21,559	\$263	\$242	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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: 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	
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0	
Assessment		H0031		Encounter	75	78	\$26,738	\$357	\$343	1	
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0	
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0	
Treatment Planning		H0032		Encounter	58	61	\$12,031	\$207	\$197	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	34	3,587	\$258,551	\$7,604	\$72	106	
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	
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	40	269	\$34,938	\$873	\$130	7	
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0	
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0	
Community Living Supports (15 Minutes)		H2015		15 Minutes	91	4,858	\$41,682	\$458	\$9	53	
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0	
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	67	\$7,080	\$3,540	\$106	34
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	88	514	\$124,738	\$1,417	\$243	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	3	\$197	\$197	\$66	3
Respite Care		T1005		15 Minutes	57	4,066	\$27,324	\$479	\$7	71
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	7	71	\$3,816	\$545	\$54	10
Targeted Case Management		T1017		15 minutes	131	5,284	\$288,665	\$2,204	\$55	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	20	24	\$15,076	\$754	\$628	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	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>262</b>		<b>\$1,297,616</b>			

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	168	\$48,384	\$48,384	\$288	168
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	34	\$24,363	\$6,091	\$717	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	6	8	\$2,163	\$360	\$270	1
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	36	36	\$20,188	\$561	\$561	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	19	32	\$5,354	\$282	\$167	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	119	453	\$187,831	\$1,578	\$415	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	1	5	\$583	\$583	\$117	5
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	19	\$6,551	\$728	\$345	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	17	27	\$10,875	\$640	\$403	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	69	204	\$72,393	\$1,049	\$355	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	1	1	\$63	\$63	\$63	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Pharmacological Management (SED Waiver)		90863			0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$178	\$178	\$178	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
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		Encounter	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
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
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	52	112	\$16,204	\$312	\$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	2	2	\$396	\$198	\$198	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

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	\$183	\$92	\$92	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$92	\$92	\$92	1
Additional Codes-Physician Services		99223		70 Minutes	4	5	\$458	\$115	\$92	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	5	\$453	\$227	\$91	3
Additional Codes-Physician Services		99232		25 minutes	3	6	\$550	\$183	\$92	2
Additional Codes-Physician Services		99233		35 Minutes	6	18	\$1,650	\$275	\$92	3
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
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)



**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1	1	\$233	\$233	\$233	1
Assessment		H0002		Encounter	61	62	\$24,635	\$404	\$397	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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
Crisis Intervention		H0030		Per Service	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	154	158	\$77,135	\$501	\$488	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$778	\$778	\$778	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	116	132	\$20,665	\$178	\$157	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	8	8	\$2,086	\$261	\$261	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	47	62	\$6,973	\$148	\$112	1
Home Based Services		H0036		15 Minutes	45	3,977	\$441,109	\$9,802	\$111	88
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	2	36	\$7,318	\$3,659	\$203	18
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1	4	\$435	\$435	\$109	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	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	388	\$2,010	\$402	\$5	78
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
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
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	31	\$1,354	\$1,354	\$44	31
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 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	5	22	\$4,901	\$980	\$223	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	23	\$7,077	\$1,415	\$308	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
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
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	53	121	\$13,626	\$257	\$113	2
Respite Care		T1005		15 Minutes	1	486	\$1,937	\$1,937	\$4	486
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	97	\$8,219	\$2,055	\$85	24
Targeted Case Management		T1017		15 minutes	35	1,157	\$98,890	\$2,825	\$85	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	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	21	22	\$15,532	\$740	\$706	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services  
 (Formerly known as Michigan Department of Community Health)

**CMHSP Cost Data by Service Category**  
 Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2015

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
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	6	\$607	\$607	\$101	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>304</b>		<b>\$1,134,430</b>			