

SECTION 904 (2)(c) Part 1  
TOTAL CMHSP COSTS BY SERVICE  
CATEGORY  
FY 2015

Statewide Summary

## 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 statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with an Emotional Disturbance, and Persons with Developmental Disability) by service category. All Department approved services are included.

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

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary   |                                    |            |          |                 |       |        |             |           |           |           |  |
|---|------------------------------------|------------|----------|-----------------|-------|--------|-------------|-----------|-----------|-----------|--|
| Service Category  | Revenue Code                       | HCPCS Code | Modifier | Unit Measure    | Cases | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |  |
| State Psychiatric Hospital - Inpatient PT22   | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT22     | Days            | 84    | 10,227 | \$5,247,681 | \$62,472  | \$513     | 122       |  |
| 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            | 386   | 5,906  | \$3,351,973 | \$8,684   | \$568     | 15        |  |
| Local Psychiatric Hospital - Acute Community PT73                                     | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT73     | Days            | 399   | 4,162  | \$2,458,602 | \$6,162   | \$591     | 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     | 48    | 62     | \$11,682    | \$243     | \$188     | 1         |  |
| Inpatient Hospital Ancillary Services - Pulmonary Function                            | 0460                               |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Audiology                                     | 0470-0472                          |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)           | 0610-0611                          |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Pharmacy                                      | 0636                               |            |          | # of units      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| ECT Recovery Room   | 0710                               |            |          |                 | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services -EKG/ECG  | 0730-0731                          |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - EEG   | 0740                               |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Crisis Observation Care   | 0762                               |            |          | Hour            | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Additional Codes-ECT Facility Charge  | 0901                               |            |          | Encounter       | 1     | 36     | \$32,767    | \$32,767  | \$910     | 36        |  |
| 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            | 146   | 1,268  | \$336,994   | \$2,308   | \$266     | 9         |  |
| Outpatient Partial Hospitalization  | 0913                               |            |          | Days            | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services                      | 0925                               |            |          | # of tests      | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services                    | 0940-0942                          |            |          | # of visits     | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |

Division of Quality Management and Planning

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

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Service Category                                    | Statewide Summary | Revenue Code                       | HCPCS Code | Modifier | Unit Measure               | Cases | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------|------------------------------------|------------|----------|----------------------------|-------|--------|-------------|-----------|-----------|-----------|
| 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         |
| 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      |          |                            | 133   | 369    | \$7,497     | \$56      | \$20      | 3         |
| Assessment for Autism                               |                   |                                    | 90785      | U5       |                            | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Interactive Complexity - Add On Code - SUD          |                   |                                    | 90785      | HF       |                            | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Assessment  |                   |                                    | 90791      |          | Encounter                  | 1,241 | 1,293  | \$414,085   | \$334     | \$320     | 1         |
| Assessment for Autism                               |                   |                                    | 90791      | U5       | Encounter                  | 12    | 15     | \$5,017     | \$418     | \$334     | 1         |
| Assessment  |                   |                                    | 90792      |          | Encounter                  | 2,285 | 2,369  | \$797,748   | \$349     | \$337     | 1         |
| Assessment for Autism                               |                   |                                    | 90792      | U5       | Encounter                  | 4     | 5      | \$1,451     | \$363     | \$290     | 1         |
| Mental Health: Outpatient Care                      |                   |                                    | 90832      |          | 30 Minutes                 | 2,052 | 8,725  | \$646,346   | \$315     | \$74      | 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                 | 11    | 14     | \$2,023     | \$184     | \$145     | 1         |
| Assessment for Autism                               |                   |                                    | 90833      | U5       | 30 Minutes                 | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Mental Health: Outpatient Care                      |                   |                                    | 90834      |          | 45 Minutes                 | 3,550 | 21,815 | \$2,357,912 | \$664     | \$108     | 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                 | 2     | 9      | \$1,849     | \$925     | \$205     | 5         |
| Assessment for Autism                               |                   |                                    | 90836      | U5       | 45 Minutes                 | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Mental Health: Outpatient Care                      |                   |                                    | 90837      |          | 60 Minutes                 | 2,206 | 11,718 | \$1,980,152 | \$898     | \$169     | 5         |
| Substance abuse: Outpatient Care                    |                   |                                    | 90837      | HF       | 60 Minutes                 | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Assessment  |                   |                                    | 90838      |          | 60 Minutes                 | 10    | 10     | \$3,044     | \$304     | \$304     | 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.           | 28    | 48     | \$8,500     | \$304     | \$177     | 2         |
| Psychotherapy for Crisis Each Additional 30 Minutes |                   |                                    | 90840      |          | Each Additional 30 Minutes | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Therapy-Family Therapy                              |                   |                                    | 90846      |          | Encounter                  | 575   | 1,848  | \$277,991   | \$483     | \$150     | 3         |
| Substance Abuse: Outpatient Treatment               |                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90846      | HF       | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Service Category   | Statewide Summary | Revenue Code                       | HCPCS Code | Modifier | Unit Measure               | Cases | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
|--|-------------------|------------------------------------|------------|----------|----------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Therapy-Family Therapy   |                   |                                    | 90847      |          | Encounter                  | 1,921 | 10,852 | \$1,334,698 | \$695     | \$123     | 6         |
| Substance Abuse: Outpatient Treatment                                  |                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90847      |          | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Therapy-Family Therapy   |                   |                                    | 90849      |          | Encounter                  | 8     | 46     | \$8,740     | \$1,093   | \$190     | 6         |
| Therapy-Family Therapy   |                   |                                    | 90849      | HS       | Encounter                  | 1     | 2      | \$40        | \$40      | \$20      | 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                  | 608   | 6,654  | \$825,439   | \$1,358   | \$124     | 11        |
| Substance Abuse: Outpatient Treatment                                  |                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90853      | HF       | Encounter                  | 3     | 6      | \$776       | \$259     | \$129     | 2         |
| Additional Codes-ECT Physician   |                   |                                    | 90870      |          | Encounter                  | 4     | 149    | \$116,658   | \$29,164  | \$783     | 37        |
| Additional Codes-ECT Physician   |                   | 0901                               | 90870      |          | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Assessments-Other  |                   |                                    | 90887      |          | Encounter                  | 443   | 495    | \$93,309    | \$211     | \$189     | 1         |
| Speech & Language Therapy  |                   |                                    | 92507      |          | Encounter                  | 1,272 | 28,637 | \$2,613,488 | \$2,055   | \$91      | 23        |
| Speech & Language Therapy  |                   |                                    | 92508      |          | Encounter                  | 12    | 50     | \$11,653    | \$971     | \$233     | 4         |
| Speech & Language Therapy  |                   |                                    | 92521      |          | Encounter                  | 15    | 17     | \$3,082     | \$205     | \$181     | 1         |
| Speech & Language Therapy  |                   |                                    | 92522      |          | Encounter                  | 38    | 38     | \$6,446     | \$170     | \$170     | 1         |
| Speech & Language Therapy  |                   |                                    | 92523      |          | Encounter                  | 1,021 | 1,127  | \$222,685   | \$218     | \$198     | 1         |
| Speech & Language Therapy  |                   |                                    | 92524      |          | Encounter                  | 2     | 2      | \$681       | \$341     | \$341     | 1         |
| Speech & Language Therapy  |                   |                                    | 92526      |          | Encounter                  | 63    | 289    | \$53,393    | \$848     | \$185     | 5         |
| Speech & Language Therapy  |                   |                                    | 92610      |          | Encounter                  | 832   | 897    | \$216,601   | \$260     | \$241     | 1         |
| Evaluation of Auditory Rehabilitation Status (Children's Waiver)       |                   |                                    | 92626      |          | First Hour                 | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Evaluation of Auditory Rehabilitation Status (Children's Waiver)       |                   |                                    | 92627      |          | Each Additional 15 Minutes | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)       |                   |                                    | 92630      |          | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) |                   |                                    | 92633      |          | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Psychological Testing PSYCH/PHYS                                       |                   |                                    | 96101      |          | Per Hour                   | 1,933 | 6,956  | \$907,762   | \$470     | \$131     | 4         |
| Assessment for Autism  |                   |                                    | 96101      | U5       | Hour                       | 959   | 2,859  | \$464,741   | \$485     | \$163     | 3         |
| Psychological Testing by Technician                                    |                   |                                    | 96102      |          | Per Hour                   | 91    | 208    | \$42,471    | \$467     | \$204     | 2         |
| Assessment for Autism  |                   |                                    | 96102      | U5       | Hour                       | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Psychological Testing by Comp  |                   |                                    | 96103      |          | Per Hour                   | 2     | 2      | \$471       | \$236     | \$236     | 1         |
| Assessments-Other  |                   |                                    | 96105      |          | Encounter                  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Assessments-Other  |                   |                                    | 96110      |          | Encounter                  | 87    | 100    | \$45,777    | \$526     | \$458     | 1         |
| Assessments-Other  |                   |                                    | 96111      |          | Encounter                  | 455   | 939    | \$169,408   | \$372     | \$180     | 2         |
| Neurobehavioral Status Exam  |                   |                                    | 96116      |          | Per Hour                   | 280   | 1,953  | \$145,343   | \$519     | \$74      | 7         |

Division of Quality Management and Planning

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

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

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 |
|---|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|
| Neuropsych test by Psych/Phys                   |              | 96118      |          | Per Hour     | 10    | 13     | \$6,157     | \$616     | \$474     | 1         |
| Assessment for Autism                           |              | 96118      | U5       | Hour         | 105   | 278    | \$51,240    | \$488     | \$184     | 3         |
| Neuropsych test by Tech                         |              | 96119      |          | Per Hour     | 1     | 1      | \$110       | \$110     | \$110     | 1         |
| Assessment for Autism                           |              | 96119      | U5       | Hour         | 47    | 50     | \$3,529     | \$75      | \$71      | 1         |
| Neuropsych test Admin w/Comp                    |              | 96120      |          | Per Hour     | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Assessments-Other                               |              | 96127      |          |              | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Medication Administration                       |              | 96372      |          | Encounter    | 524   | 8,156  | \$745,800   | \$1,423   | \$91      | 16        |
| Physical Therapy                                |              | 97001      |          | Encounter    | 465   | 497    | \$115,654   | \$249     | \$233     | 1         |
| Physical Therapy                                |              | 97002      |          | Encounter    | 22    | 27     | \$2,850     | \$130     | \$106     | 1         |
| Occupational Therapy                            |              | 97003      |          | Encounter    | 2,361 | 2,489  | \$859,807   | \$364     | \$345     | 1         |
| Occupational Therapy                            |              | 97004      |          | Encounter    | 1,017 | 1,219  | \$247,047   | \$243     | \$203     | 1         |
| Occupational or Physical Therapy                |              | 97110      |          | 15 Minutes   | 1,074 | 62,107 | \$1,505,342 | \$1,402   | \$24      | 58        |
| Occupational or Physical Therapy                |              | 97112      |          | 15 Minutes   | 47    | 913    | \$48,619    | \$1,034   | \$53      | 19        |
| Occupational or Physical Therapy                |              | 97113      |          | 15 Minutes   | 4     | 236    | \$4,301     | \$1,075   | \$18      | 59        |
| Occupational or Physical Therapy                |              | 97116      |          | 15 Minutes   | 15    | 228    | \$13,930    | \$929     | \$61      | 15        |
| Occupational or Physical Therapy                |              | 97124      |          | 15 Minutes   | 56    | 4,052  | \$90,374    | \$1,614   | \$22      | 72        |
| Occupational or Physical Therapy                |              | 97140      |          | 15 Minutes   | 13    | 508    | \$39,642    | \$3,049   | \$78      | 39        |
| Occupational or Physical Therapy                |              | 97150      |          | Encounter    | 9     | 106    | \$2,121     | \$236     | \$20      | 12        |
| Occupational or Physical Therapy                |              | 97530      |          | 15 Minutes   | 903   | 53,339 | \$1,907,053 | \$2,112   | \$36      | 59        |
| Occupational or Physical Therapy                |              | 97532      |          | 15 Minutes   | 1     | 1      | \$48        | \$48      | \$48      | 1         |
| Occupational or Physical Therapy                |              | 97533      |          | 15 Minutes   | 164   | 8,195  | \$158,455   | \$966     | \$19      | 50        |
| Occupational or Physical Therapy                |              | 97535      |          | 15 Minutes   | 196   | 2,112  | \$129,807   | \$662     | \$61      | 11        |
| Occupational or Physical Therapy                |              | 97537      |          | 15 Minutes   | 6     | 9      | \$609       | \$101     | \$68      | 2         |
| Occupational or Physical Therapy                |              | 97542      |          | 15 Minutes   | 164   | 801    | \$89,911    | \$548     | \$112     | 5         |
| Occupational or Physical Therapy                |              | 97750      |          | 15 Minutes   | 11    | 28     | \$1,329     | \$121     | \$47      | 3         |
| Occupational Therapy                            |              | 97755      |          | 15 Minutes   | 39    | 184    | \$15,270    | \$392     | \$83      | 5         |
| Occupational or Physical Therapy                |              | 97760      |          | 15 Minutes   | 4     | 21     | \$1,471     | \$368     | \$70      | 5         |
| Prosthetic Training (Children's Waiver)         |              | 97761      |          | 15 Minutes   | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| C/O for Orthotic/Prosth Use or Physical Therapy |              | 97762      |          | 15 minutes   | 7     | 25     | \$1,107     | \$158     | \$44      | 4         |
| Assessment or Health Services                   |              | 97802      |          | 15 Minutes   | 653   | 2,806  | \$151,503   | \$232     | \$54      | 4         |
| Assessment or Health Services                   |              | 97803      |          | 15 Minutes   | 617   | 3,543  | \$216,387   | \$351     | \$61      | 6         |
| Health Services                                 |              | 97804      |          | 30 Minutes   | 31    | 172    | \$18,025    | \$581     | \$105     | 6         |
| 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    | 27    | 54     | \$4,546     | \$168     | \$84      | 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**  
Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary  |              |            |          |              |       |        |             |           |           |           |  |
|--|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|--|
| Service Category   | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |  |
| Assessment for Autism  |              | 99201      | U5       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Substance Abuse: New Patient Evaluation and Management         |              | 99201      | HF       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| New Patient Evaluation and Management                          |              | 99202      |          | Encounter    | 6     | 6      | \$507       | \$85      | \$85      | 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    | 33    | 33     | \$5,644     | \$171     | \$171     | 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    | 50    | 51     | \$12,202    | \$244     | \$239     | 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    | 85    | 85     | \$42,699    | \$502     | \$502     | 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    | 561   | 1,819  | \$208,875   | \$372     | \$115     | 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    | 3,334 | 7,699  | \$929,999   | \$279     | \$121     | 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    | 8,510 | 24,129 | \$3,550,590 | \$417     | \$147     | 3         |  |
| Assessment for Autism  |              | 99213      | U5       | Encounter    | 5     | 18     | \$1,886     | \$377     | \$105     | 4         |  |
| Substance Abuse: Established Patient Evaluation and Management |              | 99213      | HF       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Established Patient Evaluation and Management                  |              | 99214      |          | Encounter    | 6,646 | 19,619 | \$4,009,482 | \$603     | \$204     | 3         |  |
| Assessment for Autism  |              | 99214      | U5       | Encounter    | 4     | 18     | \$4,081     | \$1,020   | \$227     | 5         |  |
| Substance Abuse: Established Patient Evaluation and Management |              | 99214      | HF       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Established Patient Evaluation and Management                  |              | 99215      |          | Encounter    | 1,064 | 1,760  | \$622,154   | \$585     | \$353     | 2         |  |
| Assessment for Autism  |              | 99215      | U5       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Substance Abuse: Established Patient Evaluation and Management |              | 99215      | HF       | Encounter    | 0     | 0      | \$0         | \$0       | \$0       | 0         |  |
| Additional Codes-Physician Services                            |              | 99221      |          | 30 Minutes   | 13    | 14     | \$970       | \$75      | \$69      | 1         |  |
| Additional Codes-Physician Services                            |              | 99222      |          | 50 Minutes   | 29    | 33     | \$3,826     | \$132     | \$116     | 1         |  |
| Additional Codes-Physician Services                            |              | 99223      |          | 70 Minutes   | 12    | 13     | \$1,535     | \$128     | \$118     | 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**  
 Persons with Developmental Disabilities

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-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   | 42    | 190   | \$8,930  | \$213     | \$47      | 5         |
| Additional Codes-Physician Services                 |              | 99232      |          | 25 minutes   | 54    | 347   | \$24,075 | \$446     | \$69      | 6         |
| Additional Codes-Physician Services                 |              | 99233      |          | 35 Minutes   | 35    | 108   | \$7,943  | \$227     | \$74      | 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   | 19    | 60    | \$7,711  | \$406     | \$129     | 3         |
| Nursing Facility Services evaluation and management |              | 99309      |          | 25 minutes   | 30    | 55    | \$8,278  | \$276     | \$151     | 2         |
| Nursing Facility Services evaluation and management |              | 99310      |          | 35 Minutes   | 3     | 4     | \$602    | \$201     | \$151     | 1         |
| 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    | 1     | 1     | \$323    | \$323     | \$323     | 1         |
| 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    | 17    | 41    | \$6,123  | \$360     | \$149     | 2         |
| Assessment for Autism                               |              | 99334      | U5       | Encounter    | 0     | 0     | \$0      | \$0       | \$0       | 0         |
| Assessment  |              | 99335      |          | Encounter    | 34    | 95    | \$25,225 | \$742     | \$266     | 3         |
| Assessment for Autism                               |              | 99335      | U5       | Encounter    | 0     | 0     | \$0      | \$0       | \$0       | 0         |
| Assessment  |              | 99336      |          | Encounter    | 10    | 10    | \$3,129  | \$313     | \$313     | 1         |
| Assessment for Autism                               |              | 99336      | U5       | Encounter    | 0     | 0     | \$0      | \$0       | \$0       | 0         |
| Assessment  |              | 99337      |          | Encounter    | 3     | 5     | \$2,005  | \$668     | \$401     | 2         |
| 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**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Service Category                           | Statewide Summary | 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                         | 25    | 78    | \$17,241  | \$690     | \$221     | 3         |
| Assessment for Autism                      |                   |              | 99347      | U5       | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment                                 |                   |              | 99348      |          | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment for Autism                      |                   |              | 99348      | U5       | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment                                 |                   |              | 99349      |          | Encounter                         | 1     | 1     | \$204     | \$204     | \$204     | 1         |
| Assessment for Autism                      |                   |              | 99349      | U5       | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment                                 |                   |              | 99350      |          | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment for Autism                      |                   |              | 99350      | U5       | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Medication Administration                  |                   |              | 99506      |          | Encounter                         | 6     | 30    | \$3,362   | \$560     | \$112     | 5         |
| Medication Management                      |                   |              | 99605      |          | 15 Minutes                        | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Transportation                             |                   |              | A0080      |          | Per mile                          | 4     | 1,675 | \$961     | \$240     | \$1       | 419       |
| Transportation                             |                   |              | A0090      |          | Per mile                          | 1     | 295   | \$1,856   | \$1,856   | \$6       | 295       |
| 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                  | 38    | 196   | \$3,920   | \$103     | \$20      | 5         |
| Substance Abuse: Transportation            |                   |              | A0110      | HF       | Per one-way trip                  | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Transportation                             |                   |              | A0120      |          | Per one-way trip                  | 190   | 9,881 | \$224,020 | \$1,179   | \$23      | 52        |
| Transportation                             |                   |              | A0130      |          | Per one-way trip                  | 2     | 936   | \$19,800  | \$9,900   | \$21      | 468       |
| Transportation                             |                   |              | A0140      |          | Per one-way trip                  | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Transportation                             |                   |              | A0170      |          |                                   | 1     | 12    | \$312     | \$312     | \$26      | 12        |
| Additional Codes-Transportation            |                   |              | A0425      |          | Per Mile                          | 2     | 246   | \$19,447  | \$9,724   | \$79      | 123       |
| Additional Codes-Transportation            |                   |              | A0427      |          | Refer to code descriptions.       | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Enhanced Medical Equipment-Supplies        |                   |              | E1399      |          | Items                             | 712   | 1,441 | \$517,654 | \$727     | \$359     | 2         |
| Activity Therapy (Children's Waiver)       |                   |              | G0176      |          | Encounter                         | 185   | 6,060 | \$467,059 | \$2,525   | \$77      | 33        |
| Family Training/Support EBP only           |                   |              | G0177      |          | Encounter Session at least 45 min | 7     | 42    | \$5,434   | \$776     | \$129     | 6         |
| Substance Abuse: Recovery Support Services |                   |              | G0409      |          | 15 Minutes                        | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Substance Abuse: Individual Assessment     |                   |              | H0001      |          | Encounter                         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessment                                 |                   |              | H0002      |          | Encounter                         | 2,162 | 2,650 | \$568,341 | \$263     | \$214     | 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**  
 Persons with Developmental Disabilities

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: Laboratory                              |                                    | H0003      |          | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Treatment                    | 0900, 0906, 0914, 0915, 0916, 0919 | H0004      |          | 15 Minutes                   | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Treatment                    | 0900, 0906, 0914, 0915, 0916, 0919 | H0005      |          | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Case Management                         |                                    | H0006      |          | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification                | 1002                               | H0010      |          | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification                | 1002                               | H0012      |          | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification                | 1002                               | H0014      |          | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Care                         | 0906                               | H0015      |          | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Crisis Residential Services                              |                                    | H0018      |          | Days                         | 102    | 999       | \$384,056     | \$3,765   | \$384     | 10        |
| Substance Abuse: Residential                             | 1002                               | H0018      | HF       | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Residential                             | 1002                               | H0019      | HF       | Days                         | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Methadone                               |                                    | H0020      |          | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Early Intervention                      |                                    | H0022      |          | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Peer Directed and Operated Support Services              |                                    | H0023      |          | Encounter                    | 81     | 3,687     | \$201,314     | \$2,485   | \$55      | 46        |
| Substance Use Disorder: Recovery Support Services        |                                    | H0023      | HF       | Encounter                    | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Prevention Services - Direct Model                       |                                    | H0025      |          | Face to Face Contact         | 55     | 270       | \$44,157      | \$803     | \$164     | 5         |
| Crisis Intervention                                      |                                    | H0030      |          | Per Service                  | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Assessment   |                                    | H0031      |          | Encounter                    | 15,645 | 21,092    | \$5,600,097   | \$358     | \$266     | 1         |
| Assessment for Autism                                    |                                    | H0031      | U5       | Encounter                    | 1,479  | 3,135     | \$1,363,633   | \$922     | \$435     | 2         |
| Support Intensity Scale (SIS) Face-to-Face Assessment    |                                    | H0031      | HW       |                              | 6,356  | 6,470     | \$3,236,323   | \$509     | \$500     | 1         |
| Treatment Planning                                       |                                    | H0032      |          | Encounter                    | 11,148 | 32,555    | \$5,768,039   | \$517     | \$177     | 3         |
| Monitoring of Treatment - Clinician                      |                                    | H0032      | TS       | Encounter                    | 4,881  | 21,703    | \$5,121,880   | \$1,049   | \$236     | 4         |
| Substance Abuse: Pharmacological Support - Suboxane      |                                    | H0033      |          | Direct Observation Encounter | 0      | 0         | \$0           | \$0       | \$0       | 0         |
| Health Services  |                                    | H0034      |          | 15 Minutes                   | 110    | 666       | \$49,487      | \$450     | \$74      | 6         |
| Home Based Services                                      |                                    | H0036      |          | 15 Minutes                   | 553    | 73,199    | \$4,086,701   | \$7,390   | \$56      | 132       |
| Home Based Services                                      |                                    | H0036      | ST       | 15 Minutes                   | 13     | 566       | \$46,431      | \$3,572   | \$82      | 44        |
| Peer Directed and Operated Support Services              |                                    | H0038      |          | 15 minutes                   | 349    | 32,655    | \$658,310     | \$1,886   | \$20      | 94        |
| 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         |          |                              | 17     | 0         | \$13,444      | \$791     | \$0       | 0         |
| Assertive Community Treatment (ACT)                      |                                    | H0039      |          | 15 Minutes                   | 86     | 17,310    | \$1,004,482   | \$11,680  | \$58      | 201       |
| Community Living Supports in Independent living/own home |                                    | H0043      |          | Per diem                     | 3,726  | 1,046,541 | \$172,620,283 | \$46,329  | \$165     | 281       |
| Respite  |                                    | H0045      |          | Days                         | 1,285  | 16,548    | \$2,802,598   | \$2,181   | \$169     | 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**  
 Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide Summary  |                                    |            |          |  |        |            |               |           |           |           |
|--|------------------------------------|------------|----------|--|--------|------------|---------------|-----------|-----------|-----------|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure   | Cases  | Units      | Cost          | Cost/Case | Cost/Unit | Unit/Case |
| Peer Directed and Operated Support Services                |                                    | H0046      |          | Encounter  | 158    | 1,588      | \$74,446      | \$471     | \$47      | 10        |
| 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  | 2,224  | 4,953      | \$892,106     | \$401     | \$180     | 2         |
| Behavior Treatment Plan Review - Monitoring Activities     |                                    | H2000      | TS       | Encounter  | 2,351  | 10,179     | \$1,416,969   | \$603     | \$139     | 4         |
| Comprehensive Medication Services - EBP only               |                                    | H2010      |          | 15 minutes   | 0      | 0          | \$0           | \$0       | \$0       | 0         |
| Crisis Intervention  |                                    | H2011      |          | 15 Minutes   | 751    | 4,845      | \$422,770     | \$563     | \$87      | 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   | 13,881 | 36,015,721 | \$124,945,974 | \$9,001   | \$3       | 2,595     |
| Community Living Supports (15 Minutes)                     |                                    | H2015      |          | 15 Minutes   | 17,370 | 64,350,258 | \$242,230,599 | \$13,945  | \$4       | 3,705     |
| Community Living Supports (Daily)                          |                                    | H2016      |          | Per Diem   | 2,048  | 548,511    | \$26,043,136  | \$12,716  | \$47      | 268       |
| Community Living Supports (Daily)                          |                                    | H2016      | TF       | Per Diem   | 1,945  | 514,495    | \$35,559,630  | \$18,283  | \$69      | 265       |
| Community Living Supports (Daily)                          |                                    | H2016      | TG       | Per Diem   | 5,266  | 1,567,401  | \$204,001,423 | \$38,739  | \$130     | 298       |
| Behavior Services  |                                    | H2019      |          | 15 Minutes   | 148    | 94,847     | \$1,696,813   | \$11,465  | \$18      | 641       |
| Behavior Services  |                                    | H2019      | TT       | 15 Minutes   | 65     | 10,142     | \$218,262     | \$3,358   | \$22      | 156       |
| Applied Behavioral Intervention (ABI).                     |                                    | H2019      | U5       | 15 Minutes   | 817    | 797,769    | \$14,581,541  | \$17,848  | \$18      | 976       |
| Early Intensive Behavioral Intervention (EIBI)             |                                    | H2019      | U5, TG   | 15 Minutes   | 499    | 550,971    | \$10,609,557  | \$21,262  | \$19      | 1,104     |
| Crisis Intervention  |                                    | H2020      |          | Days   | 2      | 98         | \$53,473      | \$26,736  | \$546     | 49        |
| Wraparound   |                                    | H2021      |          | 15 Minutes   | 96     | 7,007      | \$593,461     | \$6,182   | \$85      | 73        |
| Supported Employment Services                              |                                    | H2023      |          | 15 minutes   | 4,483  | 4,227,343  | \$25,298,679  | \$5,643   | \$6       | 943       |
| 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   | 292    | 436,055    | \$2,293,396   | \$7,854   | \$5       | 1,493     |
| Home Based Services  |                                    | H2033      |          | 15 Minutes   | 8      | 684        | \$42,036      | \$5,254   | \$61      | 86        |
| Substance Abuse: Outpatient Care                           | 0900, 0906, 0914, 0915, 0916, 0919 | H2035      | HF       | Hour   | 0      | 0          | \$0           | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Care                           | 0900, 0906, 0914, 0915, 0916, 0919 | H2036      | HF       | Per Diem   | 0      | 0          | \$0           | \$0       | \$0       | 0         |
| Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)    |                                    | K0739      |          | 15 Minutes   | 0      | 0          | \$0           | \$0       | \$0       | 0         |
| Medication Review  |                                    | M0064      |          | Encounter Face-to-Face, generally less than 10 minutes | 849    | 1,086      | \$147,517     | \$174     | \$136     | 1         |
| Transportation   |                                    | S0209      |          | Per Mile   | 465    | 1,096,817  | \$545,991     | \$1,174   | \$0       | 2,359     |
| Transportation   |                                    | S0215      |          | Per Mile   | 439    | 1,614,312  | \$403,897     | \$920     | \$0       | 3,677     |
| Substance Abuse Services: Transportation                   |                                    | S0215      | HF       | Per Mile   | 0      | 0          | \$0           | \$0       | \$0       | 0         |

Division of Quality Management and Planning

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

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary                                    |              |            |          |              |       |           |              |           |           |           |
|--|--------------|------------|----------|--------------|-------|-----------|--------------|-----------|-----------|-----------|
| Service Category                                     | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units     | Cost         | Cost/Case | Cost/Unit | Unit/Case |
| Home Care Training to Home Care Client ABA           |              | S5108      | U5       | 15 Minutes   | 1,187 | 122,918   | \$5,053,325  | \$4,257   | \$41      | 104       |
| Family Training - EBP                                |              | S5110      |          | 15 Minutes   | 3     | 55        | \$1,909      | \$636     | \$35      | 18        |
| Family Training                                      |              | S5111      |          | Encounter    | 2,856 | 18,964    | \$2,747,896  | \$962     | \$145     | 7         |
| Family Training                                      |              | S5111      | HA       | Encounter    | 1     | 2         | \$861        | \$861     | \$431     | 2         |
| Family Training                                      |              | S5111      | HM       | Encounter    | 157   | 1,998     | \$324,472    | \$2,067   | \$162     | 13        |
| Home Care Training, Non-Family (Children's Waiver)   |              | S5116      |          | Encounter    | 270   | 9,760     | \$266,282    | \$986     | \$27      | 36        |
| Foster Care  |              | S5140      |          | Days         | 4     | 1,454     | \$325,073    | \$81,268  | \$224     | 364       |
| Foster Care  |              | S5145      |          | Days         | 4     | 873       | \$152,363    | \$38,091  | \$175     | 218       |
| Respite  |              | S5150      |          | 15 Minutes   | 6     | 826       | \$2,755      | \$459     | \$3       | 138       |
| Respite  |              | S5151      |          | Per Diem     | 808   | 10,640    | \$1,069,751  | \$1,324   | \$101     | 13        |
| Personal Emergency Response System (PERS)            |              | S5160      |          | Encounter    | 17    | 17        | \$9,481      | \$558     | \$558     | 1         |
| Personal Emergency Response System (PERS)            |              | S5161      |          | Month        | 259   | 2,562     | \$2,715,234  | \$10,484  | \$1,060   | 10        |
| Environmental Modification                           |              | S5165      |          | Service      | 110   | 137       | \$567,903    | \$5,163   | \$4,145   | 1         |
| Enhanced Medical Equipment-Supplies                  |              | S5199      |          | Items        | 278   | 519       | \$489,229    | \$1,760   | \$943     | 2         |
| Occupational or Physical Therapy                     |              | S8990      |          | Encounter    | 185   | 654       | \$148,433    | \$802     | \$227     | 4         |
| Private Duty Nursing                                 | 0582         | S9123      |          | Hour         | 9     | 16,613    | \$781,905    | \$86,878  | \$47      | 1,846     |
| Private Duty Nursing                                 |              | S9123      |          | Hour         | 11    | 12,185    | \$437,232    | \$39,748  | \$36      | 1,108     |
| Private Duty Nursing                                 |              | S9123      | TT       | Hour         | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Private Duty Nursing                                 | 0582         | S9124      |          | Hour         | 17    | 32,618    | \$1,039,600  | \$61,153  | \$32      | 1,919     |
| Private Duty Nursing                                 |              | S9124      |          | Hour         | 11    | 26,244    | \$788,286    | \$71,662  | \$30      | 2,386     |
| Private Duty Nursing                                 |              | S9124      | TT       | Hour         | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Health Services                                      |              | S9445      |          | Encounter    | 1,606 | 3,884     | \$293,923    | \$183     | \$76      | 2         |
| Health Services                                      |              | S9446      |          | Encounter    | 143   | 1,196     | \$353,864    | \$2,475   | \$296     | 8         |
| Health Services                                      |              | S9470      |          | Encounter    | 365   | 1,200     | \$170,591    | \$467     | \$142     | 3         |
| Prevention Services - Direct Model                   |              | S9482      |          | 15 minutes   | 41    | 1,460     | \$112,655    | \$2,748   | \$77      | 36        |
| Intensive Crisis Stabilization-Enrolled Program      |              | S9484      |          | Hour         | 214   | 844       | \$363,518    | \$1,699   | \$431     | 4         |
| Residential Room and Board                           |              | S9976      |          | Days         | 202   | 67,003    | \$1,774,193  | \$8,783   | \$26      | 332       |
| Substance Abuse Services: Residential Room and Board |              | S9976      | HF       | Days         | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Private Duty Nursing                                 |              | T1000      |          | Up to 15 min | 19    | 96,365    | \$765,771    | \$40,304  | \$8       | 5,072     |
| Private Duty Nursing                                 |              | T1000      | TD       | Up to 15 min | 25    | 189,105   | \$1,628,746  | \$65,150  | \$9       | 7,564     |
| Private Duty Nursing                                 |              | T1000      | TE       | Up to 15 min | 31    | 220,284   | \$1,800,794  | \$58,090  | \$8       | 7,106     |
| Assessment   |              | T1001      |          | Encounter    | 4,566 | 4,950     | \$1,334,136  | \$292     | \$270     | 1         |
| Health Services                                      |              | T1002      |          | Up to 15 min | 5,468 | 40,250    | \$4,254,255  | \$778     | \$106     | 7         |
| Respite Care   |              | T1005      |          | 15 Minutes   | 7,898 | 8,251,303 | \$29,267,225 | \$3,706   | \$4       | 1,045     |
| Respite Care   |              | T1005      | TD       | 15 Minutes   | 26    | 36,158    | \$393,014    | \$15,116  | \$11      | 1,391     |

Division of Quality Management and Planning

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

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide Summary   |              |            |          |                                      |        |           |               |           |           |           |  |
|---|--------------|------------|----------|--------------------------------------|--------|-----------|---------------|-----------|-----------|-----------|--|
| Service Category  | Revenue Code | HCPCS Code | Modifier | Unit Measure                         | Cases  | Units     | Cost          | Cost/Case | Cost/Unit | Unit/Case |  |
| Respite Care  |              | T1005      | TE       | 15 Minutes                           | 105    | 295,433   | \$2,221,823   | \$21,160  | \$8       | 2,814     |  |
| Respite Care (Children's Waiver & SED Waiver)             |              | T1005      | TT       | 15 minutes                           | 414    | 348,355   | \$888,554     | \$2,146   | \$3       | 841       |  |
| Substance Abuse: Treatment Planning                       |              | T1007      | HF       | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Substance Abuse: Child Sitting Services                   |              | T1009      |          | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Substance Abuse: Recovery Support Services                |              | T1012      |          | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Family Psycho-Education - EBP                             |              | T1015      |          | Encounter                            | 5      | 7         | \$1,003       | \$201     | \$143     | 1         |  |
| Supports Coordination/Wrap Facilitation                   |              | T1016      |          | 15 minutes                           | 36,064 | 1,073,548 | \$103,825,407 | \$2,879   | \$97      | 30        |  |
| Targeted Case Management                                  |              | T1017      |          | 15 minutes                           | 7,946  | 208,244   | \$16,930,167  | \$2,131   | \$81      | 26        |  |
| Nursing Home Mental Health Monitoring                     |              | T1017      | SE       | 15 minutes                           | 271    | 5,893     | \$410,138     | \$1,513   | \$70      | 22        |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      |          | Days                                 | 3,338  | 913,049   | \$23,312,018  | \$6,984   | \$26      | 274       |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      | TF       | Days                                 | 2,704  | 732,075   | \$41,229,064  | \$15,247  | \$56      | 271       |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      | TG       | Days                                 | 3,198  | 940,143   | \$91,392,729  | \$28,578  | \$97      | 294       |  |
| Assessments   |              | T1023      |          | Encounter                            | 989    | 1,848     | \$777,651     | \$786     | \$421     | 2         |  |
| Prevention Services - Direct Model                        |              | T1027      |          | 15 Minutes                           | 4      | 53        | \$2,684       | \$671     | \$51      | 13        |  |
| Enhanced Medical Supplies or Pharmacy                     |              | T1999      |          | Items                                | 1,209  | 12,462    | \$708,129     | \$586     | \$57      | 10        |  |
| Transportation  |              | T2001      |          | Encounter                            | 3      | 905       | \$13,038      | \$4,346   | \$14      | 302       |  |
| Substance Abuse Services: Transportation                  |              | T2001      | HF       | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Transportation  |              | T2002      |          | Per Diem                             | 636    | 573,896   | \$952,412     | \$1,498   | \$2       | 902       |  |
| Substance Abuse Services: Transportation                  |              | T2002      | HF       | Per Diem                             | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Transportation  |              | T2003      |          | Encounter / Trip                     | 863    | 275,554   | \$2,637,559   | \$3,056   | \$10      | 319       |  |
| Substance Abuse Services: Transportation                  |              | T2003      | HF       | Encounter / Trip                     | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Transportation  |              | T2004      |          | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Substance Abuse Services: Transportation                  |              | T2004      | HF       | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Transportation  |              | T2005      |          | Encounter                            | 1      | 225       | \$13,631      | \$13,631  | \$61      | 225       |  |
| Substance Abuse Services: Transportation                  |              | T2005      | HF       | Encounter                            | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Out of Home Prevocational Service                         |              | T2015      |          | Hour                                 | 638    | 517,027   | \$6,884,330   | \$10,790  | \$13      | 810       |  |
| Targeted Case Management (Children's Waiver)              |              | T2023      |          | Month                                | 400    | 3,841     | \$1,624,793   | \$4,062   | \$423     | 10        |  |
| Prevention Services - Direct Model                        |              | T2024      |          |                                      | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Fiscal Intermediary Services                              |              | T2025      |          | Month                                | 8,091  | 81,210    | \$7,408,006   | \$916     | \$91      | 10        |  |
| Enhanced Medical Equipment-Supplies                       |              | T2028      |          | Items                                | 106    | 294       | \$105,130     | \$992     | \$358     | 3         |  |
| Enhanced Medical Equipment-Supplies                       |              | T2029      |          | Items                                | 99     | 1,059     | \$66,572      | \$672     | \$63      | 11        |  |
| Crisis Intervention                                       |              | T2034      |          | Days                                 | 4      | 20        | \$12,515      | \$3,129   | \$626     | 5         |  |
| Respite Care  |              | T2036      |          | Per session. One night = one session | 496    | 4,149     | \$422,155     | \$851     | \$102     | 8         |  |

Division of Quality Management and Planning

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

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

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 |
|--|--------------|------------|----------|--|---------------|-------|------------------------|-----------|-----------|-----------|
| Respite Care                           |              | T2037      |          | Per session. One day/partial day = one session | 154           | 2,530 | \$143,322              | \$931     | \$57      | 16        |
| Housing Assistance                     |              | T2038      |          | Service  | 961           | 6,623 | \$2,582,818            | \$2,688   | \$390     | 7         |
| Enhanced Medical Equipment-Supplies    |              | T2039      |          | Items  | 21            | 27    | \$95,881               | \$4,566   | \$3,551   | 1         |
| Goods and Services                     |              | T5999      | HK       | Per Item                                       | 1             | 145   | \$4,546                | \$4,546   | \$31      | 145       |
| Wraparound Services                    |              | T5999      |          | Per Item                                       | 2             | 11    | \$1,487                | \$744     | \$135     | 6         |
| Pharmacy (Drugs and Other Biologicals) |              |            |          |  | 645           | 0     | \$54,542               | \$85      | \$0       | 0         |
| Other                                  |              |            |          |  | 148           | 0     | \$56,767               | \$384     | \$0       | 0         |
| Aggregate for 'J' Codes                |              | ALL        |          |  | 74            | 0     | \$345,196              | \$4,665   | \$0       | 0         |
| <b>Total Population and Cost</b>       |              |            |          |  | <b>46,431</b> |       | <b>\$1,302,629,081</b> |           |           |           |

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary   |                                    |            |          |                 |        |         |              |           |           |           |  |
|---|------------------------------------|------------|----------|-----------------|--------|---------|--------------|-----------|-----------|-----------|--|
| Service Category  | Revenue Code                       | HCPCS Code | Modifier | Unit Measure    | Cases  | Units   | Cost         | Cost/Case | Cost/Unit | Unit/Case |  |
| State Psychiatric Hospital - Inpatient PT22   | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT22     | Days            | 639    | 130,474 | \$69,647,251 | \$108,994 | \$534     | 204       |  |
| 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            | 6,312  | 65,583  | \$34,177,209 | \$5,415   | \$521     | 10        |  |
| Local Psychiatric Hospital - Acute Community PT73                                     | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT73     | Days            | 14,727 | 135,546 | \$83,330,078 | \$5,658   | \$615     | 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     | 1,131  | 1,581   | \$280,085    | \$248     | \$177     | 1         |  |
| Inpatient Hospital Ancillary Services - Pulmonary Function                            | 0460                               |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Audiology                                     | 0470-0472                          |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)           | 0610-0611                          |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - Pharmacy                                      | 0636                               |            |          | # of units      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| ECT Recovery Room   | 0710                               |            |          |                 | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services -EKG/ECG  | 0730-0731                          |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Inpatient Hospital Ancillary Services - EEG   | 0740                               |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Crisis Observation Care   | 0762                               |            |          | Hour            | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Additional Codes-ECT Facility Charge  | 0901                               |            |          | Encounter       | 29     | 295     | \$204,942    | \$7,067   | \$695     | 10        |  |
| 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            | 953    | 6,914   | \$1,513,339  | \$1,588   | \$219     | 7         |  |
| Outpatient Partial Hospitalization  | 0913                               |            |          | Days            | 47     | 241     | \$152,832    | \$3,252   | \$634     | 5         |  |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services                      | 0925                               |            |          | # of tests      | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |

Division of Quality Management and Planning

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

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary  |                                    |            |          |                            |        |         |              |           |           |           |  |
|--|------------------------------------|------------|----------|----------------------------|--------|---------|--------------|-----------|-----------|-----------|--|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure               | Cases  | Units   | Cost         | Cost/Case | Cost/Unit | Unit/Case |  |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942                          |            |          | # of visits                | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Additional Codes-ECT Anesthesia                                    |                                    | 00104      |          | Minutes                    | 5      | 69      | \$8,901      | \$1,780   | \$129     | 14        |  |
| Additional Codes-ECT Anesthesia                                    | 0901                               | 00104      |          | Minutes                    | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Drug Screen for Methadone Clients Only                             |                                    | 80100      |          | Per Screen                 | 447    | 543     | \$18,722     | \$42      | \$34      | 1         |  |
| 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         |  |
| 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      |          |                            | 148    | 461     | \$17,268     | \$117     | \$37      | 3         |  |
| Interactive Complexity - Add On Code - SUD                         |                                    | 90785      | HF       |                            | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Assessment   |                                    | 90791      |          | Encounter                  | 17,143 | 20,218  | \$5,779,482  | \$337     | \$286     | 1         |  |
| Assessment   |                                    | 90792      |          | Encounter                  | 24,113 | 29,540  | \$8,389,669  | \$348     | \$284     | 1         |  |
| Mental Health: Outpatient Care                                     |                                    | 90832      |          | 30 Minutes                 | 21,664 | 60,294  | \$4,581,388  | \$211     | \$76      | 3         |  |
| Substance abuse: Outpatient Care                                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90832      | HF       | 30 Minutes                 | 6      | 7       | \$689        | \$115     | \$98      | 1         |  |
| Assessment   |                                    | 90833      |          | 30 Minutes                 | 87     | 112     | \$27,343     | \$314     | \$244     | 1         |  |
| Mental Health: Outpatient Care                                     |                                    | 90834      |          | 45 Minutes                 | 26,125 | 113,786 | \$14,949,025 | \$572     | \$131     | 4         |  |
| Substance abuse: Outpatient Care                                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90834      | HF       | 45 Minutes                 | 21     | 57      | \$9,102      | \$433     | \$160     | 3         |  |
| Assessment   |                                    | 90836      |          | 45 Minutes                 | 21     | 23      | \$5,673      | \$270     | \$247     | 1         |  |
| Mental Health: Outpatient Care                                     |                                    | 90837      |          | 60 Minutes                 | 21,511 | 101,169 | \$19,704,762 | \$916     | \$195     | 5         |  |
| Substance abuse: Outpatient Care                                   |                                    | 90837      | HF       | 60 Minutes                 | 13     | 29      | \$6,987      | \$537     | \$241     | 2         |  |
| Assessment   |                                    | 90838      |          | 60 Minutes                 | 11     | 16      | \$4,437      | \$403     | \$277     | 1         |  |
| Psychotherapy for Crisis First 60 Minutes                          |                                    | 90839      |          | First 30-74 Min.           | 502    | 827     | \$133,717    | \$266     | \$162     | 2         |  |
| Psychotherapy for Crisis Each Additional 30 Minutes                |                                    | 90840      |          | Each Additional 30 Minutes | 20     | 30      | \$3,738      | \$187     | \$125     | 2         |  |
| Therapy-Family Therapy   |                                    | 90846      |          | Encounter                  | 96     | 392     | \$67,367     | \$702     | \$172     | 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                  | 540    | 1,617   | \$255,266    | \$473     | \$158     | 3         |  |
| Substance Abuse: Outpatient Treatment                              | 0900, 0906, 0914, 0915, 0916, 0919 | 90847      |          | Encounter                  | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Therapy-Family Therapy   |                                    | 90849      |          | Encounter                  | 7      | 26      | \$10,320     | \$1,474   | \$397     | 4         |  |
| Therapy-Family Therapy   |                                    | 90849      | HS       | Encounter                  | 8      | 21      | \$6,528      | \$816     | \$311     | 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**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary                     |                                    |            |          |              |       |         |             |           |           |           |  |
|---------------------------------------|------------------------------------|------------|----------|--------------|-------|---------|-------------|-----------|-----------|-----------|--|
| Service Category                      | Revenue Code                       | HCPCS Code | Modifier | Unit Measure | Cases | Units   | Cost        | Cost/Case | Cost/Unit | Unit/Case |  |
| Substance Abuse: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849      | HF       | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Therapy-Group Therapy                 |                                    | 90853      |          | Encounter    | 8,175 | 86,128  | \$7,546,069 | \$923     | \$88      | 11        |  |
| Substance Abuse: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853      | HF       | Encounter    | 54    | 262     | \$28,727    | \$532     | \$110     | 5         |  |
| Additional Codes-ECT Physician        |                                    | 90870      |          | Encounter    | 11    | 82      | \$43,653    | \$3,968   | \$532     | 7         |  |
| Additional Codes-ECT Physician        | 0901                               | 90870      |          | Encounter    | 1     | 2       | \$968       | \$968     | \$484     | 2         |  |
| Assessments-Other                     |                                    | 90887      |          | Encounter    | 665   | 1,188   | \$64,876    | \$98      | \$55      | 2         |  |
| Speech & Language Therapy             |                                    | 92507      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92508      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92521      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92522      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92523      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92524      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92526      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Speech & Language Therapy             |                                    | 92610      |          | Encounter    | 1     | 1       | \$120       | \$120     | \$120     | 1         |  |
| Psychological Testing PSYCH/PHYS      |                                    | 96101      |          | Per Hour     | 449   | 1,150   | \$334,386   | \$745     | \$291     | 3         |  |
| Psychological Testing by Technician   |                                    | 96102      |          | Per Hour     | 13    | 36      | \$8,869     | \$682     | \$246     | 3         |  |
| Psychological Testing by Comp         |                                    | 96103      |          | Per Hour     | 2     | 2       | \$210       | \$105     | \$105     | 1         |  |
| Assessments-Other                     |                                    | 96105      |          | Encounter    | 1     | 1       | \$130       | \$130     | \$130     | 1         |  |
| Assessments-Other                     |                                    | 96110      |          | Encounter    | 103   | 130     | \$24,171    | \$235     | \$186     | 1         |  |
| Assessments-Other                     |                                    | 96111      |          | Encounter    | 41    | 41      | \$345       | \$8       | \$8       | 1         |  |
| Neurobehavioral Status Exam           |                                    | 96116      |          | Per Hour     | 1     | 1       | \$120       | \$120     | \$120     | 1         |  |
| Neuropsych test by Psych/Phys         |                                    | 96118      |          | Per Hour     | 12    | 12      | \$2,451     | \$204     | \$204     | 1         |  |
| Neuropsych test by Tech               |                                    | 96119      |          | Per Hour     | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Neuropsych test Admin w/Comp          |                                    | 96120      |          | Per Hour     | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Assessments-Other                     |                                    | 96127      |          |              | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Medication Administration             |                                    | 96372      |          | Encounter    | 9,114 | 116,008 | \$8,191,550 | \$899     | \$71      | 13        |  |
| Physical Therapy                      |                                    | 97001      |          | Encounter    | 7     | 8       | \$2,315     | \$331     | \$289     | 1         |  |
| Physical Therapy                      |                                    | 97002      |          | Encounter    | 0     | 0       | \$0         | \$0       | \$0       | 0         |  |
| Occupational Therapy                  |                                    | 97003      |          | Encounter    | 106   | 113     | \$35,430    | \$334     | \$314     | 1         |  |
| Occupational Therapy                  |                                    | 97004      |          | Encounter    | 6     | 6       | \$2,038     | \$340     | \$340     | 1         |  |
| Occupational or Physical Therapy      |                                    | 97110      |          | 15 Minutes   | 10    | 121     | \$3,486     | \$349     | \$29      | 12        |  |
| Occupational or Physical Therapy      |                                    | 97112      |          | 15 Minutes   | 1     | 2       | \$107       | \$107     | \$54      | 2         |  |
| Occupational or Physical Therapy      |                                    | 97113      |          | 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**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

**Statewide Summary**

| Service Category   | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases  | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|--------------|--------|--------|-------------|-----------|-----------|-----------|
| Occupational or Physical Therapy                               |              | 97116      |          | 15 Minutes   | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Occupational or Physical Therapy                               |              | 97124      |          | 15 Minutes   | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Occupational or Physical Therapy                               |              | 97140      |          | 15 Minutes   | 1      | 8      | \$190       | \$190     | \$24      | 8         |
| Occupational or Physical Therapy                               |              | 97150      |          | Encounter    | 4      | 16     | \$293       | \$73      | \$18      | 4         |
| Occupational or Physical Therapy                               |              | 97530      |          | 15 Minutes   | 128    | 3,631  | \$136,941   | \$1,070   | \$38      | 28        |
| Occupational or Physical Therapy                               |              | 97532      |          | 15 Minutes   | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Occupational or Physical Therapy                               |              | 97533      |          | 15 Minutes   | 1      | 1      | \$109       | \$109     | \$109     | 1         |
| Occupational or Physical Therapy                               |              | 97535      |          | 15 Minutes   | 57     | 2,109  | \$117,919   | \$2,069   | \$56      | 37        |
| Occupational or Physical Therapy                               |              | 97537      |          | 15 Minutes   | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Occupational or Physical Therapy                               |              | 97542      |          | 15 Minutes   | 3      | 9      | \$533       | \$178     | \$59      | 3         |
| 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   | 94     | 453    | \$26,280    | \$280     | \$58      | 5         |
| Assessment or Health Services                                  |              | 97803      |          | 15 Minutes   | 63     | 456    | \$19,460    | \$309     | \$43      | 7         |
| Health Services  |              | 97804      |          | 30 Minutes   | 1      | 3      | \$1,505     | \$1,505   | \$502     | 3         |
| 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    | 638    | 923    | \$71,555    | \$112     | \$78      | 1         |
| Substance Abuse: New Patient Evaluation and Management         |              | 99201      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| New Patient Evaluation and Management                          |              | 99202      |          | Encounter    | 630    | 635    | \$101,637   | \$161     | \$160     | 1         |
| Substance Abuse: New Patient Evaluation and Management         |              | 99202      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| New Patient Evaluation and Management                          |              | 99203      |          | Encounter    | 164    | 167    | \$39,048    | \$238     | \$234     | 1         |
| Substance Abuse: New Patient Evaluation and Management         |              | 99203      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| New Patient Evaluation and Management                          |              | 99204      |          | Encounter    | 319    | 319    | \$89,658    | \$281     | \$281     | 1         |
| Substance Abuse: New Patient Evaluation and Management         |              | 99204      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| New Patient Evaluation and Management                          |              | 99205      |          | Encounter    | 779    | 782    | \$366,919   | \$471     | \$469     | 1         |
| Substance Abuse: New Patient Evaluation and Management         |              | 99205      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Established Patient Evaluation and Management                  |              | 99211      |          | Encounter    | 3,934  | 10,242 | \$1,215,996 | \$309     | \$119     | 3         |
| Substance Abuse: Established Patient Evaluation and Management |              | 99211      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Established Patient Evaluation and Management                  |              | 99212      |          | Encounter    | 18,432 | 44,090 | \$4,839,992 | \$263     | \$110     | 2         |
| Substance Abuse: Established Patient Evaluation and Management |              | 99212      | HF       | 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**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary  |              |            |          |              |        |         |              |           |           |           |   |
|--|--------------|------------|----------|--------------|--------|---------|--------------|-----------|-----------|-----------|---|
| Service Category   | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases  | Units   | Cost         | Cost/Case | Cost/Unit | Unit/Case |   |
| Established Patient Evaluation and Management                  |              | 99213      |          | Encounter    | 58,858 | 204,863 | \$24,950,025 | \$424     | \$122     |           | 3 |
| Substance Abuse: Established Patient Evaluation and Management |              | 99213      | HF       | Encounter    | 0      | 0       | \$0          | \$0       | \$0       |           | 0 |
| Established Patient Evaluation and Management                  |              | 99214      |          | Encounter    | 23,117 | 57,034  | \$11,539,905 | \$499     | \$202     |           | 2 |
| Substance Abuse: Established Patient Evaluation and Management |              | 99214      | HF       | Encounter    | 0      | 0       | \$0          | \$0       | \$0       |           | 0 |
| Established Patient Evaluation and Management                  |              | 99215      |          | Encounter    | 3,440  | 4,665   | \$1,489,750  | \$433     | \$319     |           | 1 |
| Substance Abuse: Established Patient Evaluation and Management |              | 99215      | HF       | Encounter    | 0      | 0       | \$0          | \$0       | \$0       |           | 0 |
| Additional Codes-Physician Services                            |              | 99221      |          | 30 Minutes   | 466    | 508     | \$36,580     | \$78      | \$72      |           | 1 |
| Additional Codes-Physician Services                            |              | 99222      |          | 50 Minutes   | 997    | 1,193   | \$153,342    | \$154     | \$129     |           | 1 |
| Additional Codes-Physician Services                            |              | 99223      |          | 70 Minutes   | 435    | 470     | \$48,145     | \$111     | \$102     |           | 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   | 2,082  | 8,385   | \$439,666    | \$211     | \$52      |           | 4 |
| Additional Codes-Physician Services                            |              | 99232      |          | 25 minutes   | 2,171  | 9,005   | \$513,139    | \$236     | \$57      |           | 4 |
| Additional Codes-Physician Services                            |              | 99233      |          | 35 Minutes   | 1,332  | 4,398   | \$351,704    | \$264     | \$80      |           | 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   | 151    | 429     | \$52,062     | \$345     | \$121     |           | 3 |
| Nursing Facility Services evaluation and management            |              | 99309      |          | 25 minutes   | 435    | 858     | \$117,848    | \$271     | \$137     |           | 2 |
| Nursing Facility Services evaluation and management            |              | 99310      |          | 35 Minutes   | 111    | 135     | \$19,599     | \$177     | \$145     |           | 1 |
| Assessment   |              | 99324      |          | Encounter    | 4      | 4       | \$547        | \$137     | \$137     |           | 1 |
| Assessment   |              | 99325      |          | Encounter    | 11     | 11      | \$1,456      | \$132     | \$132     |           | 1 |
| Assessment   |              | 99326      |          | Encounter    | 8      | 8       | \$1,521      | \$190     | \$190     |           | 1 |
| Assessment   |              | 99327      |          | Encounter    | 8      | 8       | \$2,167      | \$271     | \$271     |           | 1 |
| Assessment   |              | 99328      |          | Encounter    | 0      | 0       | \$0          | \$0       | \$0       |           | 0 |
| Assessment   |              | 99334      |          | Encounter    | 79     | 163     | \$8,855      | \$112     | \$54      |           | 2 |
| Assessment   |              | 99335      |          | Encounter    | 185    | 509     | \$49,699     | \$269     | \$98      |           | 3 |
| Assessment   |              | 99336      |          | Encounter    | 44     | 47      | \$7,538      | \$171     | \$160     |           | 1 |
| Assessment   |              | 99337      |          | Encounter    | 5      | 5       | \$1,263      | \$253     | \$253     |           | 1 |
| Assessment   |              | 99341      |          | 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

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary                          |                                    |            |          |                                   |        |        |             |           |           |           |  |
|--|------------------------------------|------------|----------|-----------------------------------|--------|--------|-------------|-----------|-----------|-----------|--|
| Service Category                           | Revenue Code                       | HCPCS Code | Modifier | Unit Measure                      | Cases  | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |  |
| 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                         | 6      | 14     | \$2,691     | \$449     | \$192     | 2         |  |
| Assessment                                 |                                    | 99348      |          | Encounter                         | 52     | 114    | \$12,019    | \$231     | \$105     | 2         |  |
| Assessment                                 |                                    | 99349      |          | Encounter                         | 30     | 45     | \$4,332     | \$144     | \$96      | 2         |  |
| Assessment                                 |                                    | 99350      |          | Encounter                         | 3      | 3      | \$329       | \$110     | \$110     | 1         |  |
| Medication Administration                  |                                    | 99506      |          | Encounter                         | 85     | 347    | \$50,700    | \$596     | \$146     | 4         |  |
| 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                  | 169    | 262    | \$18,197    | \$108     | \$69      | 2         |  |
| Substance Abuse: Transportation            |                                    | A0100      |          | Per one-way trip                  | 0      | 0      | \$0         | \$0       | \$0       | 0         |  |
| Transportation                             |                                    | A0110      |          | Per one-way trip                  | 35     | 36     | \$2,751     | \$79      | \$76      | 1         |  |
| Substance Abuse: Transportation            |                                    | A0110      | HF       | Per one-way trip                  | 0      | 0      | \$0         | \$0       | \$0       | 0         |  |
| Transportation                             |                                    | A0120      |          | Per one-way trip                  | 148    | 2,760  | \$23,671    | \$160     | \$9       | 19        |  |
| Transportation                             |                                    | A0130      |          | Per one-way trip                  | 101    | 109    | \$6,048     | \$60      | \$55      | 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                          | 461    | 10,757 | \$61,420    | \$133     | \$6       | 23        |  |
| Additional Codes-Transportation            |                                    | A0427      |          | Refer to code descriptions.       | 141    | 156    | \$46,302    | \$328     | \$297     | 1         |  |
| Enhanced Medical Equipment-Supplies        |                                    | E1399      |          | Items                             | 3      | 4      | \$1,516     | \$505     | \$379     | 1         |  |
| Family Training/Support EBP only           |                                    | G0177      |          | Encounter Session at least 45 min | 195    | 1,411  | \$293,242   | \$1,504   | \$208     | 7         |  |
| Substance Abuse: Recovery Support Services |                                    | G0409      |          | 15 Minutes                        | 0      | 0      | \$0         | \$0       | \$0       | 0         |  |
| Substance Abuse: Individual Assessment     |                                    | H0001      |          | Encounter                         | 150    | 151    | \$36,681    | \$245     | \$243     | 1         |  |
| Assessment                                 |                                    | H0002      |          | Encounter                         | 23,632 | 28,634 | \$5,722,437 | \$242     | \$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                         | 5      | 6      | \$553       | \$111     | \$92      | 1         |  |
| 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         |  |

Division of Quality Management and Planning

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

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary  |                                    |            |          |                              |        |         |              |           |           |           |  |
|--|------------------------------------|------------|----------|------------------------------|--------|---------|--------------|-----------|-----------|-----------|--|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure                 | Cases  | Units   | Cost         | Cost/Case | Cost/Unit | Unit/Case |  |
| 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                         | 2      | 12      | \$1,496      | \$748     | \$125     | 6         |  |
| Crisis Residential Services                              |                                    | H0018      |          | Days                         | 4,249  | 31,219  | \$11,057,025 | \$2,602   | \$354     | 7         |  |
| Substance Abuse: Residential                             | 1002                               | H0018      | HF       | Days                         | 1      | 4       | \$2,090      | \$2,090   | \$523     | 4         |  |
| 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                    | 1,612  | 39,994  | \$3,281,118  | \$2,035   | \$82      | 25        |  |
| Substance Use Disorder: Recovery Support Services        |                                    | H0023      | HF       | Encounter                    | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Prevention Services - Direct Model                       |                                    | H0025      |          | Face to Face Contact         | 104    | 1,054   | \$179,596    | \$1,727   | \$170     | 10        |  |
| Crisis Intervention                                      |                                    | H0030      |          | Per Service                  | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Assessment   |                                    | H0031      |          | Encounter                    | 59,200 | 75,513  | \$17,974,323 | \$304     | \$238     | 1         |  |
| Support Intensity Scale (SIS) Face-to-Face Assessment    |                                    | H0031      | HW       |                              | 10     | 10      | \$3,473      | \$347     | \$347     | 1         |  |
| Treatment Planning                                       |                                    | H0032      |          | Encounter                    | 43,852 | 71,638  | \$11,153,361 | \$254     | \$156     | 2         |  |
| Monitoring of Treatment - Clinician                      |                                    | H0032      | TS       | Encounter                    | 4,877  | 7,921   | \$1,514,040  | \$310     | \$191     | 2         |  |
| Substance Abuse: Pharmacological Support - Suboxane      |                                    | H0033      |          | Direct Observation Encounter | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Health Services  |                                    | H0034      |          | 15 Minutes                   | 983    | 4,893   | \$689,283    | \$701     | \$141     | 5         |  |
| Home Based Services                                      |                                    | H0036      |          | 15 Minutes                   | 705    | 68,609  | \$5,105,847  | \$7,242   | \$74      | 97        |  |
| Home Based Services                                      |                                    | H0036      | ST       | 15 Minutes                   | 54     | 3,781   | \$303,239    | \$5,616   | \$80      | 70        |  |
| Peer Directed and Operated Support Services              |                                    | H0038      |          | 15 minutes                   | 17,099 | 741,598 | \$13,722,905 | \$803     | \$19      | 43        |  |
| Peer Directed and Operated Support Services              |                                    | H0038      | TJ       | 15 Minutes                   | 84     | 2,006   | \$154,694    | \$1,842   | \$77      | 24        |  |
| Substance Abuse: Recovery Support Services               |                                    | H0038      | HF       | 15 Minutes                   | 5      | 62      | \$258        | \$52      | \$4       | 12        |  |
| Peer Directed and Operated Support Services              |                                    | NA         |          |                              | 1,309  | 4,145   | \$3,707,558  | \$2,832   | \$894     | 3         |  |
| Assertive Community Treatment (ACT)                      |                                    | H0039      |          | 15 Minutes                   | 5,326  | 974,405 | \$56,338,833 | \$10,578  | \$58      | 183       |  |
| Community Living Supports in Independent living/own home |                                    | H0043      |          | Per diem                     | 1,552  | 298,916 | \$23,035,054 | \$14,842  | \$77      | 193       |  |
| Respite  |                                    | H0045      |          | Days                         | 60     | 1,175   | \$37,910     | \$632     | \$32      | 20        |  |
| Peer Directed and Operated Support Services              |                                    | H0046      |          | Encounter                    | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Substance Abuse: Laboratory                              |                                    | H0048      |          | Encounter                    | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Substance Abuse: Outpatient Treatment                    | 0900, 0906, 0914, 0915, 0916, 0919 | H0050      |          | 15 Minutes                   | 0      | 0       | \$0          | \$0       | \$0       | 0         |  |
| Behavior Treatment Plan Review                           |                                    | H2000      |          | Encounter                    | 197    | 687     | \$73,378     | \$372     | \$107     | 3         |  |
| Behavior Treatment Plan Review - Monitoring Activities   |                                    | H2000      | TS       | Encounter                    | 154    | 850     | \$110,357    | \$717     | \$130     | 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**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary  |                                    |            |          |  |        |           |              |           |           |           |
|--|------------------------------------|------------|----------|--|--------|-----------|--------------|-----------|-----------|-----------|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure   | Cases  | Units     | Cost         | Cost/Case | Cost/Unit | Unit/Case |
| Comprehensive Medication Services - EBP only               |                                    | H2010      |          | 15 minutes   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Crisis Intervention  |                                    | H2011      |          | 15 Minutes   | 20,983 | 156,483   | \$11,337,147 | \$540     | \$72      | 7         |
| Substance Abuse: Crisis Intervention, per 15 minutes       |                                    | H2011      | HF       | 15 Minutes   | 545    | 3,894     | \$432,053    | \$793     | \$111     | 7         |
| Skill-Building and Out of Home Non Vocational Habilitation |                                    | H2014      |          | 15 minutes   | 2,865  | 1,902,407 | \$7,548,148  | \$2,635   | \$4       | 664       |
| Community Living Supports (15 Minutes)                     |                                    | H2015      |          | 15 Minutes   | 7,219  | 4,641,139 | \$20,232,733 | \$2,803   | \$4       | 643       |
| Community Living Supports (Daily)                          |                                    | H2016      |          | Per Diem   | 978    | 225,092   | \$13,745,478 | \$14,055  | \$61      | 230       |
| Community Living Supports (Daily)                          |                                    | H2016      | TF       | Per Diem   | 773    | 135,233   | \$10,434,870 | \$13,499  | \$77      | 175       |
| Community Living Supports (Daily)                          |                                    | H2016      | TG       | Per Diem   | 3,454  | 840,097   | \$84,600,147 | \$24,493  | \$101     | 243       |
| Behavior Services  |                                    | H2019      |          | 15 Minutes   | 806    | 65,327    | \$2,803,003  | \$3,478   | \$43      | 81        |
| Behavior Services  |                                    | H2019      | TT       | 15 Minutes   | 399    | 37,923    | \$1,067,391  | \$2,675   | \$28      | 95        |
| Crisis Intervention  |                                    | H2020      |          | Days   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Wraparound   |                                    | H2021      |          | 15 Minutes   | 29     | 1,306     | \$105,567    | \$3,640   | \$81      | 45        |
| Wraparound (SED Waiver)                                    |                                    | H2022      |          | Days   | 11     | 101       | \$36,059     | \$3,278   | \$357     | 9         |
| Wraparound (SED Waiver)                                    |                                    | H2022      | TT       | Days   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Supported Employment Services                              |                                    | H2023      |          | 15 minutes   | 3,753  | 671,292   | \$8,220,382  | \$2,190   | \$12      | 179       |
| Mental Health Therapy                                      |                                    | H2027      |          | 15 Minutes   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Substance Abuse Services: Outpatient Care                  | 0900, 0914, 0915, 0916, 0919       | H2027      | HF       | 15 Minutes   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Clubhouse Psychosocial Rehabilitation Programs             |                                    | H2030      |          | 15 Minutes   | 3,883  | 4,341,087 | \$22,690,042 | \$5,843   | \$5       | 1,118     |
| Home Based Services  |                                    | H2033      |          | 15 Minutes   | 13     | 1,459     | \$97,815     | \$7,524   | \$67      | 112       |
| 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 | 2,589  | 4,278     | \$381,610    | \$147     | \$89      | 2         |
| Transportation   |                                    | S0209      |          | Per Mile   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Transportation   |                                    | S0215      |          | Per Mile   | 2      | 478       | \$449        | \$225     | \$1       | 239       |
| Substance Abuse Services: Transportation                   |                                    | S0215      | HF       | Per Mile   | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Family Training - EBP                                      |                                    | S5110      |          | 15 Minutes   | 86     | 1,198     | \$48,316     | \$562     | \$40      | 14        |
| Family Training  |                                    | S5111      |          | Encounter  | 140    | 855       | \$90,097     | \$644     | \$105     | 6         |
| Family Training  |                                    | S5111      | HA       | Encounter  | 0      | 0         | \$0          | \$0       | \$0       | 0         |
| Family Training  |                                    | S5111      | HM       | Encounter  | 29     | 233       | \$33,985     | \$1,172   | \$146     | 8         |
| Foster Care  |                                    | S5140      |          | Days   | 33     | 5,523     | \$152,192    | \$4,612   | \$28      | 167       |
| Foster Care  |                                    | S5145      |          | Days   | 2      | 413       | \$44,749     | \$22,374  | \$108     | 207       |

Division of Quality Management and Planning

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

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary   |              |            |          |              |        |           |               |           |           |           |  |
|---|--------------|------------|----------|--------------|--------|-----------|---------------|-----------|-----------|-----------|--|
| Service Category  | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases  | Units     | Cost          | Cost/Case | Cost/Unit | Unit/Case |  |
| Respite   |              | S5150      |          | 15 Minutes   | 1      | 116       | \$256         | \$256     | \$2       | 116       |  |
| Respite   |              | S5151      |          | Per Diem     | 2      | 7         | \$877         | \$439     | \$125     | 4         |  |
| Personal Emergency Response System (PERS)                 |              | S5160      |          | Encounter    | 2      | 2         | \$2,397       | \$1,198   | \$1,198   | 1         |  |
| Personal Emergency Response System (PERS)                 |              | S5161      |          | Month        | 44     | 386       | \$426,305     | \$9,689   | \$1,104   | 9         |  |
| Environmental Modification                                |              | S5165      |          | Service      | 1      | 1         | \$3,208       | \$3,208   | \$3,208   | 1         |  |
| Enhanced Medical Equipment-Supplies                       |              | S5199      |          | Items        | 6      | 22        | \$2,335       | \$389     | \$106     | 4         |  |
| Occupational or Physical Therapy                          |              | S8990      |          | Encounter    | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Health Services   |              | S9445      |          | Encounter    | 8,306  | 20,731    | \$1,942,379   | \$234     | \$94      | 2         |  |
| Health Services   |              | S9446      |          | Encounter    | 696    | 4,643     | \$1,225,753   | \$1,761   | \$264     | 7         |  |
| Health Services   |              | S9470      |          | Encounter    | 79     | 332       | \$62,463      | \$791     | \$188     | 4         |  |
| Prevention Services - Direct Model                        |              | S9482      |          | 15 minutes   | 183    | 9,378     | \$694,213     | \$3,794   | \$74      | 51        |  |
| Intensive Crisis Stabilization-Enrolled Program           |              | S9484      |          | Hour         | 792    | 7,161     | \$1,298,391   | \$1,639   | \$181     | 9         |  |
| Residential Room and Board                                |              | S9976      |          | Days         | 1,807  | 29,468    | \$1,337,280   | \$740     | \$45      | 16        |  |
| Substance Abuse Services: Residential Room and Board      |              | S9976      | HF       | Days         | 1      | 31        | \$1,057       | \$1,057   | \$34      | 31        |  |
| 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    | 18,852 | 21,217    | \$2,908,250   | \$154     | \$137     | 1         |  |
| Health Services   |              | T1002      |          | Up to 15 min | 17,633 | 88,473    | \$6,666,841   | \$378     | \$75      | 5         |  |
| Respite Care  |              | T1005      |          | 15 Minutes   | 89     | 56,133    | \$191,182     | \$2,148   | \$3       | 631       |  |
| Respite Care  |              | T1005      | TD       | 15 Minutes   | 0      | 0         | \$0           | \$0       | \$0       | 0         |  |
| Respite Care  |              | T1005      | TE       | 15 Minutes   | 3      | 8         | \$1,069       | \$356     | \$134     | 3         |  |
| 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    | 127    | 284       | \$54,279      | \$427     | \$191     | 2         |  |
| Supports Coordination/Wrap Facilitation                   |              | T1016      |          | 15 minutes   | 9,610  | 214,936   | \$16,092,708  | \$1,675   | \$75      | 22        |  |
| Targeted Case Management                                  |              | T1017      |          | 15 minutes   | 62,529 | 1,892,285 | \$114,487,803 | \$1,831   | \$61      | 30        |  |
| Nursing Home Mental Health Monitoring                     |              | T1017      | SE       | 15 minutes   | 1,209  | 18,130    | \$1,571,375   | \$1,300   | \$87      | 15        |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      |          | Days         | 2,051  | 447,381   | \$13,161,379  | \$6,417   | \$29      | 218       |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      | TF       | Days         | 794    | 150,397   | \$9,994,604   | \$12,588  | \$66      | 189       |  |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      | TG       | Days         | 1,777  | 468,537   | \$24,110,155  | \$13,568  | \$51      | 264       |  |
| Assessments   |              | T1023      |          | Encounter    | 14,873 | 19,614    | \$9,888,097   | \$665     | \$504     | 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**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
QMPmeasures@michigan.gov

| Statewide Summary                        |              |            |          |  |                |         |                      |           |           |           |
|--|--------------|------------|----------|--|----------------|---------|----------------------|-----------|-----------|-----------|
| Service Category                         | Revenue Code | HCPCS Code | Modifier | Unit Measure                                   | Cases          | Units   | Cost                 | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model       |              | T1027      |          | 15 Minutes                                     | 5              | 54      | \$5,492              | \$1,098   | \$102     | 11        |
| Enhanced Medical Supplies or Pharmacy    |              | T1999      |          | Items  | 143            | 713     | \$22,526             | \$158     | \$32      | 5         |
| Transportation                           |              | T2001      |          | Encounter                                      | 5              | 21      | \$536                | \$107     | \$26      | 4         |
| Substance Abuse Services: Transportation |              | T2001      | HF       | Encounter                                      | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Transportation                           |              | T2002      |          | Per Diem                                       | 180            | 131,118 | \$88,334             | \$491     | \$1       | 728       |
| Substance Abuse Services: Transportation |              | T2002      | HF       | Per Diem                                       | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Transportation                           |              | T2003      |          | Encounter / Trip                               | 2,749          | 35,866  | \$853,098            | \$310     | \$24      | 13        |
| 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      |          |  | 2              | 18      | \$4,474              | \$2,237   | \$249     | 9         |
| Fiscal Intermediary Services             |              | T2025      |          | Month  | 275            | 1,843   | \$201,224            | \$732     | \$109     | 7         |
| Enhanced Medical Equipment-Supplies      |              | T2028      |          | Items  | 2              | 7       | \$1,353              | \$677     | \$193     | 4         |
| Enhanced Medical Equipment-Supplies      |              | T2029      |          | Items  | 0              | 1       | \$371                | \$0       | \$371     | 0         |
| Crisis Intervention                      |              | T2034      |          | Days   | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Respite Care                             |              | T2036      |          | Per session. One night = one session           | 2              | 18      | \$2,862              | \$1,431   | \$159     | 9         |
| Respite Care                             |              | T2037      |          | Per session. One day/partial day = one session | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Housing Assistance                       |              | T2038      |          | Service  | 1,232          | 7,618   | \$3,102,624          | \$2,518   | \$407     | 6         |
| Enhanced Medical Equipment-Supplies      |              | T2039      |          | Items  | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Goods and Services                       |              | T5999      | HK       | Per Item                                       | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Wraparound Services                      |              | T5999      |          | Per Item                                       | 0              | 0       | \$0                  | \$0       | \$0       | 0         |
| Pharmacy (Drugs and Other Biologicals)   |              |            |          |  | 1,938          | 0       | \$2,525,914          | \$1,303   | \$0       | 0         |
| Other                                    |              |            |          |  | 779            | 0       | \$259,969            | \$334     | \$0       | 0         |
| Aggregate for 'J' Codes                  |              | ALL        |          |  | 1,785          | 0       | \$8,814,899          | \$4,938   | \$0       | 0         |
| <b>Total Population and Cost</b>         |              |            |          |  | <b>151,057</b> |         | <b>\$867,228,280</b> |           |           |           |

Division of Quality Management and Planning

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



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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary   |                                    |            |          |                 |       |        |              |           |           |           |  |
|---|------------------------------------|------------|----------|-----------------|-------|--------|--------------|-----------|-----------|-----------|--|
| Service Category  | Revenue Code                       | HCPCS Code | Modifier | Unit Measure    | Cases | Units  | Cost         | Cost/Case | Cost/Unit | Unit/Case |  |
| State Psychiatric Hospital - Inpatient PT22   | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT22     | Days            | 147   | 10,120 | \$3,359,078  | \$22,851  | \$332     | 69        |  |
| 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            | 2,198 | 19,921 | \$12,746,951 | \$5,799   | \$640     | 9         |  |
| Local Psychiatric Hospital - Acute Community PT73                                     | 0100, 0101, 0114, 0124, 0134, 0154 |            | PT73     | Days            | 785   | 7,213  | \$5,061,563  | \$6,448   | \$702     | 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       | 2     | 39     | \$37,913     | \$18,956  | \$972     | 20        |  |
| 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            | 1,251 | 11,474 | \$3,141,301  | \$2,511   | \$274     | 9         |  |
| Outpatient Partial Hospitalization  | 0913                               |            |          | 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

| Statewide summary  |                                    |            |          |                     |        |        |              |           |           |           |  |
|--|------------------------------------|------------|----------|---------------------|--------|--------|--------------|-----------|-----------|-----------|--|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure        | Cases  | Units  | Cost         | Cost/Case | Cost/Unit | Unit/Case |  |
| 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         |  |
| 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      |          |                     | 411    | 1,575  | \$40,979     | \$100     | \$26      | 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           | 3,830  | 4,695  | \$1,597,590  | \$417     | \$340     | 1         |  |
| Assessment for Autism  |                                    | 90791      | U5       | Encounter           | 5      | 6      | \$1,962      | \$392     | \$327     | 1         |  |
| Assessment   |                                    | 90792      |          | Encounter           | 6,568  | 6,753  | \$2,851,449  | \$434     | \$422     | 1         |  |
| Assessment for Autism  |                                    | 90792      | U5       | Encounter           | 0      | 0      | \$0          | \$0       | \$0       | 0         |  |
| Mental Health: Outpatient Care                                     |                                    | 90832      |          | 30 Minutes          | 6,473  | 15,372 | \$1,543,428  | \$238     | \$100     | 2         |  |
| Substance abuse: Outpatient Care                                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90832      | HF       | 30 Minutes          | 0      | 0      | \$0          | \$0       | \$0       | 0         |  |
| Assessment   |                                    | 90833      |          | 30 Minutes          | 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          | 11,345 | 50,311 | \$6,808,307  | \$600     | \$135     | 4         |  |
| Substance abuse: Outpatient Care                                   | 0900, 0906, 0914, 0915, 0916, 0919 | 90834      | HF       | 45 Minutes          | 3      | 14     | \$2,165      | \$722     | \$155     | 5         |  |
| 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          | 10,856 | 52,713 | \$10,617,175 | \$978     | \$201     | 5         |  |
| Substance abuse: Outpatient Care                                   |                                    | 90837      | HF       | 60 Minutes          | 1      | 7      | \$1,303      | \$1,303   | \$186     | 7         |  |
| 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.    | 71     | 110    | \$17,676     | \$249     | \$161     | 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

| Statewide summary                                   |                                    |            |          |                            |        |        |             |           |           |           |
|---|------------------------------------|------------|----------|----------------------------|--------|--------|-------------|-----------|-----------|-----------|
| Service Category                                    | Revenue Code                       | HCPCS Code | Modifier | Unit Measure               | Cases  | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
| Psychotherapy for Crisis Each Additional 30 Minutes |                                    | 90840      |          | Each Additional 30 Minutes | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Therapy-Family Therapy                              |                                    | 90846      |          | Encounter                  | 3,748  | 14,232 | \$2,378,018 | \$634     | \$167     | 4         |
| Substance Abuse: Outpatient Treatment               | 0900, 0906, 0914, 0915, 0916, 0919 | 90846      | HF       | Encounter                  | 1      | 2      | \$434       | \$434     | \$217     | 2         |
| Therapy-Family Therapy                              |                                    | 90847      |          | Encounter                  | 12,328 | 56,734 | \$9,021,367 | \$732     | \$159     | 5         |
| Substance Abuse: Outpatient Treatment               | 0900, 0906, 0914, 0915, 0916, 0919 | 90847      |          | Encounter                  | 1      | 3      | \$671       | \$671     | \$224     | 3         |
| Therapy-Family Therapy                              |                                    | 90849      |          | Encounter                  | 77     | 339    | \$48,232    | \$626     | \$142     | 4         |
| 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                  | 2,031  | 13,184 | \$1,331,023 | \$655     | \$101     | 6         |
| 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         |
| Additional Codes-ECT Physician                      | 0901                               | 90870      |          | Encounter                  | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Assessments-Other                                   |                                    | 90887      |          | Encounter                  | 466    | 499    | \$57,294    | \$123     | \$115     | 1         |
| Speech & Language Therapy                           |                                    | 92507      |          | Encounter                  | 45     | 975    | \$96,959    | \$2,155   | \$99      | 22        |
| 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                  | 4      | 4      | \$210       | \$52      | \$52      | 1         |
| Speech & Language Therapy                           |                                    | 92523      |          | Encounter                  | 33     | 36     | \$5,002     | \$152     | \$139     | 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                   | 1,311  | 3,172  | \$1,049,289 | \$800     | \$331     | 2         |
| Assessment for Autism                               |                                    | 96101      | U5       | Hour                       | 129    | 467    | \$88,757    | \$688     | \$190     | 4         |
| Psychological Testing by Technician                 |                                    | 96102      |          | Per Hour                   | 15     | 31     | \$3,951     | \$263     | \$127     | 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                  | 3      | 6      | \$7,956     | \$2,652   | \$1,326   | 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

| Statewide summary                               |              |            |          |              |       |       |           |           |           |           |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category                                | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost      | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam                     |              | 96116      |          | Per Hour     | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Neuropsych test by Psych/Phys                   |              | 96118      |          | Per Hour     | 12    | 47    | \$11,923  | \$994     | \$254     | 4         |
| Assessment for Autism                           |              | 96118      | U5       | Hour         | 8     | 8     | \$2,915   | \$364     | \$364     | 1         |
| Neuropsych test by Tech                         |              | 96119      |          | Per Hour     | 2     | 5     | \$668     | \$334     | \$134     | 3         |
| Assessment for Autism                           |              | 96119      | U5       | Hour         | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Neuropsych test Admin w/Comp                    |              | 96120      |          | Per Hour     | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Assessments-Other                               |              | 96127      |          |              | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Medication Administration                       |              | 96372      |          | Encounter    | 59    | 781   | \$36,551  | \$620     | \$47      | 13        |
| Physical Therapy                                |              | 97001      |          | Encounter    | 3     | 3     | \$540     | \$180     | \$180     | 1         |
| Physical Therapy                                |              | 97002      |          | Encounter    | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Occupational Therapy                            |              | 97003      |          | Encounter    | 159   | 170   | \$41,393  | \$260     | \$243     | 1         |
| Occupational Therapy                            |              | 97004      |          | Encounter    | 7     | 9     | \$667     | \$95      | \$74      | 1         |
| Occupational or Physical Therapy                |              | 97110      |          | 15 Minutes   | 28    | 495   | \$16,037  | \$573     | \$32      | 18        |
| Occupational or Physical Therapy                |              | 97112      |          | 15 Minutes   | 13    | 259   | \$7,514   | \$578     | \$29      | 20        |
| 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   | 95    | 3,498 | \$144,369 | \$1,520   | \$41      | 37        |
| Occupational or Physical Therapy                |              | 97532      |          | 15 Minutes   | 2     | 3     | \$165     | \$82      | \$55      | 2         |
| Occupational or Physical Therapy                |              | 97533      |          | 15 Minutes   | 39    | 869   | \$34,163  | \$876     | \$39      | 22        |
| Occupational or Physical Therapy                |              | 97535      |          | 15 Minutes   | 11    | 77    | \$3,535   | \$321     | \$46      | 7         |
| 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   | 119   | 554   | \$19,080  | \$160     | \$34      | 5         |
| Assessment or Health Services                   |              | 97803      |          | 15 Minutes   | 152   | 4,249 | \$129,008 | \$849     | \$30      | 28        |
| Health Services                                 |              | 97804      |          | 30 Minutes   | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Substance Abuse: Acupuncture                    |              | 97810      |          | 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

| Statewide summary  |              |            |          |              |        |        |             |           |           |           |
|--|--------------|------------|----------|--------------|--------|--------|-------------|-----------|-----------|-----------|
| Service Category   | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases  | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
| Substance Abuse: Acupuncture                                   |              | 97811      |          | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| New Patient Evaluation and Management                          |              | 99201      |          | Encounter    | 32     | 60     | \$7,330     | \$229     | \$122     | 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    | 19     | 19     | \$4,147     | \$218     | \$218     | 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    | 43     | 46     | \$4,097     | \$95      | \$89      | 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    | 31     | 31     | \$9,637     | \$311     | \$311     | 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    | 104    | 106    | \$54,385    | \$523     | \$513     | 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    | 548    | 1,287  | \$73,775    | \$135     | \$57      | 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    | 2,304  | 5,604  | \$647,623   | \$281     | \$116     | 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    | 10,482 | 33,384 | \$5,193,830 | \$495     | \$156     | 3         |
| 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    | 7,231  | 19,284 | \$4,181,828 | \$578     | \$217     | 3         |
| Assessment for Autism  |              | 99214      | U5       | Encounter    | 2      | 2      | \$421       | \$211     | \$211     | 1         |
| Substance Abuse: Established Patient Evaluation and Management |              | 99214      | HF       | Encounter    | 0      | 0      | \$0         | \$0       | \$0       | 0         |
| Established Patient Evaluation and Management                  |              | 99215      |          | Encounter    | 1,194  | 2,574  | \$937,752   | \$785     | \$364     | 2         |
| Assessment for Autism  |              | 99215      | U5       | Encounter    | 1      | 1      | \$224       | \$224     | \$224     | 1         |

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary  |              |            |          |              |       |       |           |           |           |           |
|--|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category   | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost      | Cost/Case | Cost/Unit | Unit/Case |
| Substance Abuse: Established Patient Evaluation and Management |              | 99215      | HF       | Encounter    | 0     | 0     | \$0       | \$0       | \$0       | 0         |
| Additional Codes-Physician Services                            |              | 99221      |          | 30 Minutes   | 83    | 92    | \$7,696   | \$93      | \$84      | 1         |
| Additional Codes-Physician Services                            |              | 99222      |          | 50 Minutes   | 217   | 246   | \$38,037  | \$175     | \$155     | 1         |
| Additional Codes-Physician Services                            |              | 99223      |          | 70 Minutes   | 46    | 69    | \$8,134   | \$177     | \$118     | 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   | 147   | 410   | \$38,386  | \$261     | \$94      | 3         |
| Additional Codes-Physician Services                            |              | 99232      |          | 25 minutes   | 283   | 1,534 | \$128,025 | \$452     | \$83      | 5         |
| Additional Codes-Physician Services                            |              | 99233      |          | 35 Minutes   | 125   | 307   | \$27,522  | \$220     | \$90      | 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    | 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         |

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary               |              |            |          |                  |       |       |       |           |           |           |  |
|---------------------------------|--------------|------------|----------|------------------|-------|-------|-------|-----------|-----------|-----------|--|
| Service Category                | Revenue Code | HCPCS Code | Modifier | Unit Measure     | Cases | Units | Cost  | Cost/Case | Cost/Unit | Unit/Case |  |
| 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         |  |
| 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 | 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 | 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 | 1     | 1     | \$41  | \$41      | \$41      | 1         |  |
| Transportation                  |              | A0140      |          | Per one-way trip | 0     | 0     | \$0   | \$0       | \$0       | 0         |  |
| Transportation                  |              | A0170      |          |                  | 0     | 0     | \$0   | \$0       | \$0       | 0         |  |

Division of Quality Management and Planning

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

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary                                     |                                    |            |          |                                   |        |        |              |           |           |           |
|---|------------------------------------|------------|----------|-----------------------------------|--------|--------|--------------|-----------|-----------|-----------|
| Service Category                                      | Revenue Code                       | HCPCS Code | Modifier | Unit Measure                      | Cases  | Units  | Cost         | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation                       |                                    | A0425      |          | Per Mile                          | 36     | 1,164  | \$5,495      | \$153     | \$5       | 32        |
| Additional Codes-Transportation                       |                                    | A0427      |          | Refer to code descriptions.       | 7      | 7      | \$1,646      | \$235     | \$235     | 1         |
| Enhanced Medical Equipment-Supplies                   |                                    | E1399      |          | Items                             | 2      | 3      | \$629        | \$315     | \$210     | 2         |
| Family Training/Support EBP only                      |                                    | G0177      |          | Encounter Session at least 45 min | 9      | 50     | \$6,787      | \$754     | \$136     | 6         |
| 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                         | 10,156 | 22,371 | \$2,413,035  | \$238     | \$108     | 2         |
| Substance Abuse: Laboratory                           |                                    | H0003      |          | Encounter                         | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Treatment                 | 0900, 0906, 0914, 0915, 0916, 0919 | H0004      |          | 15 Minutes                        | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Treatment                 | 0900, 0906, 0914, 0915, 0916, 0919 | H0005      |          | Encounter                         | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Case Management                      |                                    | H0006      |          | Encounter                         | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification             | 1002                               | H0010      |          | Days                              | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification             | 1002                               | H0012      |          | Days                              | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Sub-Acute Detoxification             | 1002                               | H0014      |          | Days                              | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Care                      | 0906                               | H0015      |          | Days                              | 1      | 1      | \$109        | \$109     | \$109     | 1         |
| Crisis Residential Services                           |                                    | H0018      |          | Days                              | 404    | 3,218  | \$1,167,950  | \$2,891   | \$363     | 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                         | 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              | 558    | 6,374  | \$1,119,174  | \$2,006   | \$176     | 11        |
| Crisis Intervention                                   |                                    | H0030      |          | Per Service                       | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Assessment  |                                    | H0031      |          | Encounter                         | 24,060 | 38,035 | \$10,058,563 | \$418     | \$264     | 2         |
| Assessment for Autism                                 |                                    | H0031      | U5       | Encounter                         | 227    | 358    | \$179,802    | \$792     | \$502     | 2         |
| Support Intensity Scale (SIS) Face-to-Face Assessment |                                    | H0031      | HW       |                                   | 0      | 0      | \$0          | \$0       | \$0       | 0         |
| Treatment Planning                                    |                                    | H0032      |          | Encounter                         | 16,727 | 37,171 | \$6,147,936  | \$368     | \$165     | 2         |
| Monitoring of Treatment - Clinician                   |                                    | H0032      | TS       | Encounter                         | 2,373  | 3,633  | \$616,142    | \$260     | \$170     | 2         |
| Substance Abuse: Pharmacological Support - Suboxane   |                                    | H0033      |          | Direct Observation 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

| Statewide summary  |                                    |            |          |              |       |           |              |           |           |           |
|--|------------------------------------|------------|----------|--------------|-------|-----------|--------------|-----------|-----------|-----------|
| Service Category   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure | Cases | Units     | Cost         | Cost/Case | Cost/Unit | Unit/Case |
| Health Services  |                                    | H0034      |          | 15 Minutes   | 109   | 160       | \$23,801     | \$218     | \$149     | 1         |
| Home Based Services  |                                    | H0036      |          | 15 Minutes   | 9,542 | 1,050,625 | \$64,315,811 | \$6,740   | \$61      | 110       |
| Home Based Services  |                                    | H0036      | ST       | 15 Minutes   | 282   | 23,927    | \$1,685,971  | \$5,979   | \$70      | 85        |
| Peer Directed and Operated Support Services                |                                    | H0038      |          | 15 minutes   | 414   | 1,956     | \$44,623     | \$108     | \$23      | 5         |
| Peer Directed and Operated Support Services                |                                    | H0038      | TJ       | 15 Minutes   | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Recovery Support Services                 |                                    | H0038      | HF       | 15 Minutes   | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Peer Directed and Operated Support Services                |                                    | NA         |          |              | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Assertive Community Treatment (ACT)                        |                                    | H0039      |          | 15 Minutes   | 8     | 736       | \$40,289     | \$5,036   | \$55      | 92        |
| Community Living Supports in Independent living/own home   |                                    | H0043      |          | Per diem     | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Respite  |                                    | H0045      |          | Days         | 282   | 2,503     | \$464,001    | \$1,645   | \$185     | 9         |
| Peer Directed and Operated Support Services                |                                    | H0046      |          | Encounter    | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Laboratory                                |                                    | H0048      |          | Encounter    | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Substance Abuse: Outpatient Treatment                      | 0900, 0906, 0914, 0915, 0916, 0919 | H0050      |          | 15 Minutes   | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Behavior Treatment Plan Review                             |                                    | H2000      |          | Encounter    | 100   | 382       | \$44,464     | \$445     | \$116     | 4         |
| Behavior Treatment Plan Review - Monitoring Activities     |                                    | H2000      | TS       | Encounter    | 26    | 91        | \$8,818      | \$339     | \$97      | 4         |
| Comprehensive Medication Services - EBP only               |                                    | H2010      |          | 15 minutes   | 0     | 0         | \$0          | \$0       | \$0       | 0         |
| Crisis Intervention  |                                    | H2011      |          | 15 Minutes   | 5,542 | 36,616    | \$2,789,354  | \$503     | \$76      | 7         |
| 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   | 1,557 | 34,284    | \$274,837    | \$177     | \$8       | 22        |
| Community Living Supports (15 Minutes)                     |                                    | H2015      |          | 15 Minutes   | 2,006 | 697,568   | \$5,141,552  | \$2,563   | \$7       | 348       |
| 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         |
| Community Living Supports (Daily)                          |                                    | H2016      | TG       | Per Diem     | 38    | 2,403     | \$699,712    | \$18,413  | \$291     | 63        |
| Behavior Services  |                                    | H2019      |          | 15 Minutes   | 125   | 12,148    | \$337,018    | \$2,696   | \$28      | 97        |
| Behavior Services  |                                    | H2019      | TT       | 15 Minutes   | 85    | 3,555     | \$69,063     | \$813     | \$19      | 42        |
| Applied Behavioral Intervention (ABI).                     |                                    | H2019      | U5       | 15 Minutes   | 116   | 107,564   | \$2,348,954  | \$20,250  | \$22      | 927       |
| Early Intensive Behavioral Intervention (EIBI)             |                                    | H2019      | U5, TG   | 15 Minutes   | 52    | 38,762    | \$643,571    | \$12,376  | \$17      | 745       |
| Crisis Intervention  |                                    | H2020      |          | Days         | 0     | 0         | \$13         | \$0       | \$0       | 0         |
| Wraparound   |                                    | H2021      |          | 15 Minutes   | 1,779 | 121,569   | \$11,952,649 | \$6,719   | \$98      | 68        |
| Wraparound (SED Waiver)                                    |                                    | H2022      |          | Days         | 380   | 5,503     | \$1,917,845  | \$5,047   | \$349     | 14        |
| Wraparound (SED Waiver)                                    |                                    | H2022      | TT       | Days         | 12    | 110       | \$25,085     | \$2,090   | \$228     | 9         |
| Supported Employment Services                              |                                    | H2023      |          | 15 minutes   | 19    | 651       | \$31,385     | \$1,652   | \$48      | 34        |

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary                                  |                                    |            |          |  |       |        |             |           |           |           |
|--|------------------------------------|------------|----------|--|-------|--------|-------------|-----------|-----------|-----------|
| Service Category                                   | Revenue Code                       | HCPCS Code | Modifier | Unit Measure   | Cases | Units  | Cost        | Cost/Case | Cost/Unit | Unit/Case |
| 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   | 354   | 38,981 | \$2,520,873 | \$7,121   | \$65      | 110       |
| 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 | 135   | 197    | \$22,084    | \$164     | \$112     | 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   | 142   | 12,739 | \$362,376   | \$2,552   | \$28      | 90        |
| Family Training - EBP                              |                                    | S5110      |          | 15 Minutes   | 1     | 8      | \$406       | \$406     | \$51      | 8         |
| Family Training                                    |                                    | S5111      |          | Encounter  | 2,543 | 12,733 | \$1,823,682 | \$717     | \$143     | 5         |
| Family Training                                    |                                    | S5111      | HA       | Encounter  | 166   | 1,084  | \$177,286   | \$1,068   | \$164     | 7         |
| Family Training                                    |                                    | S5111      | HM       | Encounter  | 836   | 10,825 | \$1,728,351 | \$2,067   | \$160     | 13        |
| 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   | 22    | 1,511  | \$484,759   | \$22,035  | \$321     | 69        |
| Respite  |                                    | S5150      |          | 15 Minutes   | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Respite  |                                    | S5151      |          | Per Diem   | 19    | 270    | \$27,856    | \$1,466   | \$103     | 14        |
| 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  | 6     | 7      | \$10,903    | \$1,817   | \$1,558   | 1         |
| Occupational or Physical Therapy                   |                                    | S8990      |          | Encounter  | 0     | 0      | \$0         | \$0       | \$0       | 0         |
| Health Services                                    |                                    | S9445      |          | Encounter  | 296   | 812    | \$61,648    | \$208     | \$76      | 3         |
| Health Services                                    |                                    | S9446      |          | Encounter  | 16    | 31     | \$2,121     | \$133     | \$68      | 2         |
| Health Services                                    |                                    | S9470      |          | Encounter  | 13    | 33     | \$3,313     | \$255     | \$100     | 3         |
| Prevention Services - Direct Model                 |                                    | S9482      |          | 15 minutes   | 553   | 33,146 | \$1,486,678 | \$2,688   | \$45      | 60        |
| Intensive Crisis Stabilization-Enrolled Program    |                                    | S9484      |          | Hour   | 345   | 1,918  | \$415,554   | \$1,205   | \$217     | 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

| Statewide summary   |              |            |          |                  |        |         |              |           |           |           |
|---|--------------|------------|----------|------------------|--------|---------|--------------|-----------|-----------|-----------|
| Service Category  | Revenue Code | HCPCS Code | Modifier | Unit Measure     | Cases  | Units   | Cost         | Cost/Case | Cost/Unit | Unit/Case |
| Residential Room and Board                                |              | S9976      |          | Days             | 16     | 106     | \$2,983      | \$186     | \$28      | 7         |
| Substance Abuse Services: Residential Room and Board      |              | S9976      | HF       | Days             | 53     | 552     | \$13,707     | \$259     | \$25      | 10        |
| 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        | 1,478  | 1,526   | \$245,758    | \$166     | \$161     | 1         |
| Health Services   |              | T1002      |          | Up to 15 min     | 2,510  | 6,130   | \$651,773    | \$260     | \$106     | 2         |
| Respite Care  |              | T1005      |          | 15 Minutes       | 1,571  | 832,389 | \$3,846,902  | \$2,449   | \$5       | 530       |
| 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       | 324    | 65,979  | \$161,825    | \$499     | \$2       | 204       |
| 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        | 2      | 3       | \$611        | \$305     | \$204     | 2         |
| Supports Coordination/Wrap Facilitation                   |              | T1016      |          | 15 minutes       | 2,445  | 41,047  | \$2,679,057  | \$1,096   | \$65      | 17        |
| Targeted Case Management                                  |              | T1017      |          | 15 minutes       | 11,506 | 255,035 | \$16,851,394 | \$1,465   | \$66      | 22        |
| Nursing Home Mental Health Monitoring                     |              | T1017      | SE       | 15 minutes       | 1      | 2       | \$160        | \$160     | \$80      | 2         |
| Personal Care in Licensed Specialized Residential Setting |              | T1020      |          | Days             | 3      | 689     | \$2,878      | \$959     | \$4       | 230       |
| 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             | 1      | 28      | \$4,551      | \$4,551   | \$163     | 28        |
| Assessments   |              | T1023      |          | Encounter        | 3,255  | 4,315   | \$2,349,379  | \$722     | \$544     | 1         |
| Prevention Services - Direct Model                        |              | T1027      |          | 15 Minutes       | 15     | 257     | \$28,023     | \$1,868   | \$109     | 17        |
| Enhanced Medical Supplies or Pharmacy                     |              | T1999      |          | Items            | 16     | 27      | \$2,557      | \$160     | \$95      | 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         | 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 | 23     | 31      | \$7,976      | \$347     | \$257     | 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         |

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

SUB-ELEMENT COST REPORT: Fiscal Year 2015

State of Michigan  
 QMPmeasures@michigan.gov

| Statewide summary                        |              |            |          |  |               |       |                      |           |           |           |  |
|--|--------------|------------|----------|--|---------------|-------|----------------------|-----------|-----------|-----------|--|
| Service Category                         | Revenue Code | HCPCS Code | Modifier | Unit Measure                                   | Cases         | Units | Cost                 | Cost/Case | Cost/Unit | Unit/Case |  |
| 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  | 311           | 2,164 | \$89,977             | \$289     | \$42      | 7         |  |
| Enhanced Medical Equipment-Supplies      |              | T2028      |          | Items  | 5             | 5     | \$558                | \$112     | \$112     | 1         |  |
| Enhanced Medical Equipment-Supplies      |              | T2029      |          | Items  | 3             | 4     | \$1,021              | \$340     | \$255     | 1         |  |
| Crisis Intervention                      |              | T2034      |          | Days   | 1             | 8     | \$3,331              | \$3,331   | \$416     | 8         |  |
| Respite Care                             |              | T2036      |          | Per session. One night = one session           | 239           | 1,412 | \$173,915            | \$728     | \$123     | 6         |  |
| Respite Care                             |              | T2037      |          | Per session. One day/partial day = one session | 150           | 1,998 | \$196,770            | \$1,312   | \$98      | 13        |  |
| Housing Assistance                       |              | T2038      |          | Service  | 6             | 6     | \$3,258              | \$543     | \$543     | 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                                       | 15            | 59    | \$10,505             | \$700     | \$178     | 4         |  |
| Pharmacy (Drugs and Other Biologicals)   |              |            |          |  | 15            | 0     | \$9,687              | \$646     | \$0       | 0         |  |
| Other                                    |              |            |          |  | 79            | 0     | \$17,481             | \$221     | \$0       | 0         |  |
| Aggregate for 'J' Codes                  |              | ALL        |          |  | 5             | 0     | \$18,553             | \$3,711   | \$0       | 0         |  |
| <b>Total Population and Cost</b>         |              |            |          |  | <b>47,475</b> |       | <b>\$226,306,947</b> |           |           |           |  |