

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

Adults with Mental Illness  
(Adult MI)

## Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2017 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2017 to September 30, 2017 and submitted to MDHHS by March 2, 2018. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult MI) by service category for each of the 46 CMHSPs within the State of Michigan.

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

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Allegan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	32	289	\$230,404	\$7,200	\$797	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	10	153	\$26,833	\$2,683	\$175	15
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	115	1,009	\$863,517	\$7,509	\$856	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	10	118	\$19,532	\$1,953	\$166	12
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	36	212	\$159,319	\$4,426	\$752	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	5	17	\$5,553	\$1,111	\$327	3
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	7	43	\$10,288	\$1,470	\$239	6

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Allegan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	123	127	\$43,450	\$353	\$342	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	113	116	\$91,136	\$807	\$786	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	136	409	\$39,595	\$291	\$97	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	232	1,505	\$241,863	\$1,043	\$161	6
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	206	1,334	\$296,017	\$1,437	\$222	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	14	17	\$3,007	\$215	\$177	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	2	\$395	\$395	\$197	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	2	\$783	\$391	\$391	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	23	380	\$100,348	\$4,363	\$264	17
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	1	7	\$4,899	\$4,899	\$700	7
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	1	9	\$1,835	\$1,835	\$204	9
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	16	\$3,090	\$309	\$193	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	3	3	\$145	\$48	\$48	1
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	39	485	\$22,497	\$577	\$46	12
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	1	\$7	\$7	\$7	1
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	3	\$21	\$21	\$7	3
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	2	2	\$394	\$197	\$197	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	6	7	\$1,050	\$175	\$150	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Allegan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	409	1,522	\$229,338	\$561	\$151	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	45	51	\$15,212	\$338	\$298	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	57	60	\$21,118	\$370	\$352	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$170	\$85	\$85	1
Additional Codes-Physician Services		99222		50 Minutes	9	9	\$834	\$93	\$93	1
Additional Codes-Physician Services		99223		70 Minutes	25	27	\$2,439	\$98	\$90	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	20	47	\$2,454	\$123	\$52	2
Additional Codes-Physician Services		99232		25 minutes	28	72	\$5,948	\$212	\$83	3
Additional Codes-Physician Services		99233		35 Minutes	25	67	\$5,912	\$236	\$88	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	2	\$94	\$94	\$47	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	2	2	\$114	\$57	\$57	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	1	16	\$438	\$438	\$27	16
Additional Codes-Transportation		A0427		Refer to code descriptions.	2	2	\$3,431	\$1,715	\$1,715	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	63	302	\$133,550	\$2,120	\$442	5
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	196	198	\$64,588	\$330	\$326	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		5	5	\$1,616	\$323	\$323	1
Treatment Planning		H0032		Encounter	181	192	\$46,018	\$254	\$240	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	166	209	\$50,194	\$302	\$240	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	132	\$8,726	\$4,363	\$66	66
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	18	316	\$31,568	\$1,754	\$100	18
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	83	11,500	\$846,327	\$10,197	\$74	139
Community Living Supports in Independent living/own home		H0043		Per diem	5	1,051	\$151,170	\$30,234	\$144	210
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	8	28	\$4,495	\$562	\$161	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	9	33	\$5,298	\$589	\$161	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	30	68	\$5,415	\$181	\$80	2
Substance Use Disorder: 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	41	7,606	\$182,131	\$4,442	\$24	186
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	41	71,962	\$248,591	\$6,063	\$3	1,755
Community Living Supports (Daily)		H2016		Per Diem	52	14,846	\$1,982,702	\$38,129	\$134	286
Behavior Services		H2019		15 Minutes	16	357	\$19,227	\$1,202	\$54	22
Behavior Services		H2019	TT	15 Minutes	15	1,109	\$59,350	\$3,957	\$54	74
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	57	2,473	\$185,103	\$3,247	\$75	43
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	20	\$1,897	\$1,897	\$95	20
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	3	\$136	\$136	\$45	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$581	\$145	\$145	1
Health Services		T1002		Up to 15 min	8	58	\$3,992	\$499	\$69	7
Respite Care		T1005		15 Minutes	1	87	\$644	\$644	\$7	87

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	170	4,061	\$434,296	\$2,555	\$107	24
Targeted Case Management		T1017		15 minutes	181	4,141	\$416,318	\$2,300	\$101	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	42	898	\$93,303	\$2,221	\$104	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	52	14,850	\$344,068	\$6,617	\$23	286
Assessments		T1023		Encounter	232	306	\$57,155	\$246	\$187	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	18	135	\$14,455	\$803	\$107	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>954</b>		<b>\$7,846,395</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	20	207	\$186,984	\$9,349	\$903	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	4	6	\$4,552	\$1,138	\$759	2
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	28	208	\$167,797	\$5,993	\$807	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	123	124	\$59,273	\$482	\$478	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	7	7	\$4,696	\$671	\$671	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	224	451	\$50,093	\$224	\$111	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	346	1,188	\$212,854	\$615	\$179	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	293	1,849	\$539,335	\$1,841	\$292	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	8	\$1,520	\$1,520	\$190	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	37	297	\$23,283	\$629	\$78	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$849	\$849	\$425	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	8	61	\$8,448	\$1,056	\$138	8
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	4	18	\$2,751	\$688	\$153	5
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	22	183	\$5,407	\$246	\$30	8
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	3	\$174	\$174	\$58	3

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	473	1,524	\$241,152	\$510	\$158	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	16	40	\$6,696	\$419	\$167	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	1	\$184	\$0	\$184	0
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	8	11	\$2,085	\$261	\$190	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$107	\$107	\$107	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	8	60	\$5,130	\$641	\$86	8
Additional Codes-Physician Services		99232		25 minutes	8	18	\$1,654	\$207	\$92	2
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	10	\$1,145	\$573	\$115	5
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	29	112	\$45,175	\$1,558	\$403	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	989	1,009	\$313,198	\$317	\$310	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1,138	1,355	\$163,231	\$143	\$120	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	25	784	\$45,652	\$1,826	\$58	31
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	160	5,062	\$400,758	\$2,505	\$79	32
Community Living Supports in Independent living/own home		H0043		Per diem	9	2,787	\$624,073	\$69,341	\$224	310
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	290	1,096	\$108,394	\$374	\$99	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	10	1,744	\$10,745	\$1,075	\$6	174
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	79	4,733	\$38,478	\$487	\$8	60
Community Living Supports (Daily)		H2016		Per Diem	9	2,244	\$544,971	\$60,552	\$243	249
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	46	3,988	\$82,272	\$1,789	\$21	87
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	2	38	\$8,184	\$4,092	\$215	19
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	8	12	\$1,291	\$161	\$108	2
Health Services		T1002		Up to 15 min	17	368	\$10,358	\$609	\$28	22
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>AuSable Valley</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	21	\$2,187	\$2,187	\$104	21	
Targeted Case Management		T1017		15 minutes	211	7,191	\$731,863	\$3,469	\$102	34	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	1,079	\$73,341	\$0	\$68	0	
Assessments		T1023		Encounter	269	620	\$101,420	\$377	\$164	2	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	2	\$252	\$0	\$126	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>3,649</b>		<b>\$4,832,012</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	26	218	\$210,127	\$8,082	\$964	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	41	341	\$292,118	\$7,125	\$857	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	3	11	\$9,314	\$3,105	\$847	4
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	59	59	\$36,095	\$612	\$612	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	116	209	\$21,901	\$189	\$105	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	424	1,694	\$345,171	\$814	\$204	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	258	703	\$209,848	\$813	\$299	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	1	\$115	\$115	\$115	1
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	9	19	\$4,410	\$490	\$232	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	71	374	\$41,943	\$591	\$112	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	20	235	\$19,217	\$961	\$82	12
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	5	6	\$616	\$123	\$103	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	44	46	\$11,785	\$268	\$256	1



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	129	144	\$42,534	\$330	\$295	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	174	329	\$89,817	\$516	\$273	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	2	2	\$390	\$195	\$195	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$101	\$101	\$101	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	1	\$67	\$67	\$67	1
Additional Codes-Physician Services		99232		25 minutes	1	2	\$221	\$221	\$110	2
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$110	\$110	\$110	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	51	51	\$13,378	\$262	\$262	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	1	2	\$233	\$233	\$117	2
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	6	27	\$11,486	\$1,914	\$425	5
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	20	743	\$39,552	\$1,978	\$53	37
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	474	479	\$126,644	\$267	\$264	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	403	409	\$97,874	\$243	\$239	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	27	474	\$12,612	\$467	\$27	18
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$54,219	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	24	\$2,899	\$362	\$121	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	72	290	\$27,974	\$389	\$96	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	5,093	\$28,064	\$28,064	\$6	5,093
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	12	1,536	\$46,940	\$3,912	\$31	128
Community Living Supports (Daily)		H2016		Per Diem	11	3,316	\$490,514	\$44,592	\$148	301
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	9	\$1,168	\$1,168	\$130	9
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	89	122	\$10,675	\$120	\$88	1
Health Services		S9446		Encounter	1	15	\$307	\$307	\$20	15
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	3	4	\$917	\$306	\$229	1
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$133	\$133	\$133	1
Health Services		T1002		Up to 15 min	34	43	\$1,893	\$56	\$44	1
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Barry**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	25	415	\$85,819	\$3,433	\$207	17
Targeted Case Management		T1017		15 minutes	62	1,214	\$250,752	\$4,044	\$207	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	44	\$6,847	\$1,369	\$156	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	3,315	\$317,941	\$28,904	\$96	301
Assessments		T1023		Encounter	63	80	\$41,006	\$651	\$513	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>757</b>		<b>\$3,005,749</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Bay-Arenac**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	25	201	\$134,120	\$5,365	\$667	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	2	20	\$1,402	\$701	\$70	10
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	274	2,305	\$1,766,619	\$6,448	\$766	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	46	425	\$92,358	\$2,008	\$217	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	67	628	\$418,409	\$6,245	\$666	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	22	261	\$9,889	\$450	\$38	12
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$134,285	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Bay-Arenac**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	500	502	\$183,794	\$368	\$366	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	342	550	\$37,973	\$111	\$69	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,348	9,994	\$680,232	\$505	\$68	7
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	598	2,842	\$690,076	\$1,154	\$243	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	5	5	\$850	\$170	\$170	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	2	\$69	\$69	\$34	2
Therapy-Family Therapy		90846		Encounter	3	3	\$221	\$74	\$74	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	16	30	\$1,897	\$119	\$63	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	71	424	\$20,701	\$292	\$49	6
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	1	1	\$17	\$17	\$17	1
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	16	\$3,837	\$959	\$240	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	220	1,612	\$54,211	\$246	\$34	7
Physical Therapy - Note: retired 1/1/17		97001		Encounter	3	3	\$1,294	\$431	\$431	1
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	3	3	\$1,461	\$487	\$487	1
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	1	1	\$1,051	\$1,051	\$1,051	1
Occupational Therapy		97166		Encounter	2	2	\$2,102	\$1,051	\$1,051	1
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	26	121	\$3,457	\$133	\$29	5
Assessment or Health Services		97803		15 Minutes	8	32	\$870	\$109	\$27	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	1	1	\$101	\$101	\$101	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$146	\$146	\$146	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	11	11	\$1,667	\$152	\$152	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$279	\$279	\$279	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	239	313	\$13,006	\$54	\$42	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	460	686	\$60,699	\$132	\$88	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Bay-Arenac**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,750	4,834	\$551,608	\$315	\$114	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	516	789	\$154,487	\$299	\$196	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	56	66	\$19,314	\$345	\$293	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	7	11	\$466	\$67	\$42	2
Additional Codes-Physician Services		99222		50 Minutes	164	210	\$20,457	\$125	\$97	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	100	610	\$25,503	\$255	\$42	6
Additional Codes-Physician Services		99232		25 minutes	97	299	\$15,404	\$159	\$52	3
Additional Codes-Physician Services		99233		35 Minutes	13	14	\$396	\$30	\$28	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	261	262	\$25,846	\$99	\$99	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Bay-Arenac**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	44	173	\$58,080	\$1,320	\$336	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,077	1,161	\$264,912	\$246	\$228	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$344	\$344	\$344	1
Treatment Planning		H0032		Encounter	1,313	1,419	\$217,203	\$165	\$153	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	31	101	\$13,562	\$437	\$134	3
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	4	7	\$493	\$123	\$70	2
Home Based Services		H0036		15 Minutes	2	41	\$2,967	\$1,484	\$72	21
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	77	9,957	\$81,235	\$1,055	\$8	129
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	79	11,220	\$1,141,562	\$14,450	\$102	142
Community Living Supports in Independent living/own home		H0043		Per diem	32	8,452	\$1,006,135	\$31,442	\$119	264
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	9	37	\$1,036	\$115	\$28	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	15	125	\$16,090	\$1,073	\$129	8
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	164	430	\$20,813	\$127	\$48	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	55	66,719	\$174,331	\$3,170	\$3	1,213
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	77	84,749	\$358,766	\$4,659	\$4	1,101
Community Living Supports (Daily)		H2016		Per Diem	55	16,375	\$1,275,562	\$23,192	\$78	298
Behavior Services		H2019		15 Minutes	6	205	\$9,216	\$1,536	\$45	34
Behavior Services		H2019	TT	15 Minutes	1	11	\$235	\$235	\$21	11
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Bay-Arenac**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	111	47,486	\$285,309	\$2,570	\$6	428
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	119	78,281	\$248,946	\$2,092	\$3	658
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	2	22	\$710	\$355	\$32	11
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	3	4	\$1,382	\$461	\$346	1
Health Services		S9446		Encounter	3	8	\$1,525	\$508	\$191	3
Health Services		S9470		Encounter	12	26	\$1,315	\$110	\$51	2
Prevention Services - Direct Model		S9482		15 minutes	37	2,764	\$301,316	\$8,144	\$109	75
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	604	609	\$120,944	\$200	\$199	1
Health Services		T1002		Up to 15 min	52	489	\$72,466	\$1,394	\$148	9
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	398	8,207	\$580,907	\$1,460	\$71	21
Targeted Case Management		T1017		15 minutes	994	23,604	\$1,474,192	\$1,483	\$62	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	95	\$8,312	\$1,039	\$87	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	55	16,374	\$955,278	\$17,369	\$58	298
Assessments		T1023		Encounter	588	779	\$406,885	\$692	\$522	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	23	172	\$5,376	\$234	\$31	7
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	17	164	\$20,578	\$1,210	\$125	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					51	0	\$3,076	\$60	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>3,238</b>		<b>\$14,261,636</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Berrien**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	16	262	\$111,606	\$6,975	\$426	16
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	174	1,994	\$1,822,139	\$10,472	\$914	11
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	18	113	\$87,024	\$4,835	\$770	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Berrien**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	43	44	\$21,219	\$493	\$482	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	195	366	\$61,950	\$318	\$169	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	459	1,502	\$324,768	\$708	\$216	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	477	2,003	\$535,212	\$1,122	\$267	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	72	680	\$131,054	\$1,820	\$193	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	3	3	\$1,260	\$420	\$420	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	148	1,716	\$186,235	\$1,258	\$109	12
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	23	29	\$2,668	\$116	\$92	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	576	1,048	\$216,150	\$375	\$206	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	735	1,844	\$519,203	\$706	\$282	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	70	93	\$29,798	\$426	\$320	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	1	1	\$157	\$157	\$157	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	7	9	\$890	\$127	\$99	1
Additional Codes-Physician Services		99222		50 Minutes	12	13	\$1,288	\$107	\$99	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$191	\$95	\$95	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	5	6	\$355	\$71	\$59	1
Additional Codes-Physician Services		99232		25 minutes	17	46	\$4,438	\$261	\$96	3
Additional Codes-Physician Services		99233		35 Minutes	16	36	\$3,557	\$222	\$99	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	1	2	\$112	\$112	\$56	2
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	33	45	\$9,682	\$293	\$215	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	4	30	\$12,137	\$3,034	\$405	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	787	882	\$298,490	\$379	\$338	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	10	15	\$4,677	\$468	\$312	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	121	\$14,184	\$3,546	\$117	30
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	37	2,806	\$49,963	\$1,350	\$18	76
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	56	5,274	\$667,233	\$11,915	\$127	94
Community Living Supports in Independent living/own home		H0043		Per diem	24	5,713	\$907,182	\$37,799	\$159	238
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	7	26	\$10,953	\$1,565	\$421	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	5	10	\$4,078	\$816	\$408	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	52	94	\$5,300	\$102	\$56	2
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	50	24,184	\$162,917	\$3,258	\$7	484
Community Living Supports (Daily)		H2016		Per Diem	92	24,323	\$3,146,420	\$34,200	\$129	264
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	84	9,588	\$213,865	\$2,546	\$22	114
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	1	1	\$35	\$35	\$35	1
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	3	12	\$2,576	\$859	\$215	4
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	80	2,238	\$472,587	\$5,907	\$211	28
Targeted Case Management		T1017		15 minutes	242	5,582	\$667,846	\$2,760	\$120	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	92	24,335	\$1,593,101	\$17,316	\$65	265
Assessments		T1023		Encounter	429	673	\$340,524	\$794	\$506	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	7	\$712	\$712	\$102	7
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,994</b>		<b>\$12,645,736</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	182	1,856	\$791,999	\$4,352	\$427	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	41	491	\$80,714	\$1,969	\$164	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	282	2,700	\$3,590,893	\$12,734	\$1,330	10
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	41	321	\$60,063	\$1,465	\$187	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	4	35	\$42,779	\$10,695	\$1,222	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$359,050	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$1,527,160	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	7	\$4,697	\$2,349	\$671	4



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	16	475	\$28,656	\$1,791	\$60	30
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	1	1	\$114	\$114	\$114	1
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	8	8	\$2,542	\$318	\$318	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	420	426	\$305,194	\$727	\$716	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	648	3,158	\$511,038	\$789	\$162	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	712	2,586	\$763,648	\$1,073	\$295	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	619	2,701	\$739,216	\$1,194	\$274	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	6	\$9,391	\$3,130	\$1,565	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	4	\$2,137	\$1,069	\$534	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	12	\$2,827	\$404	\$236	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	174	1,199	\$392,059	\$2,253	\$327	7
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	5	21	\$5,974	\$1,195	\$284	4
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	460	5,158	\$1,662,964	\$3,615	\$322	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	29	77	\$23,277	\$803	\$302	3
Assessment or Health Services		97803		15 Minutes	32	134	\$22,188	\$693	\$166	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	7	7	\$452	\$65	\$65	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	56	59	\$41,693	\$745	\$707	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	11	12	\$4,813	\$438	\$401	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$1,286	\$643	\$643	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	5	5	\$975	\$195	\$195	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	91	94	\$16,427	\$181	\$175	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	107	195	\$59,412	\$555	\$305	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,214	3,494	\$1,049,363	\$864	\$300	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	417	980	\$324,595	\$778	\$331	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	43	\$9,760	\$238	\$227	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$319	\$319	\$319	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$113	\$113	\$113	1
Additional Codes-Physician Services		99223		70 Minutes	4	4	\$384	\$96	\$96	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	10	\$963	\$241	\$96	3
Additional Codes-Physician Services		99232		25 minutes	6	25	\$2,607	\$435	\$104	4
Additional Codes-Physician Services		99233		35 Minutes	4	13	\$1,927	\$482	\$148	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	3	3	\$4,226	\$1,409	\$1,409	1
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	7	8	\$2,251	\$322	\$281	1

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	43	111	\$60,662	\$1,411	\$547	3
Assessment		99336		Encounter	42	54	\$75,146	\$1,789	\$1,392	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	1	1	\$323	\$323	\$323	1
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	3	3	\$37	\$12	\$12	1
Assessment		99348		Encounter	23	55	\$17,985	\$782	\$327	2
Assessment		99349		Encounter	1	1	\$182	\$182	\$182	1
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	50	683	\$16,559	\$331	\$24	14
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	2	2	\$442	\$221	\$221	1
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	11	11	\$1,166	\$106	\$106	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	393	3,959	\$1,993,129	\$5,072	\$503	10
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$521,020	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,759	1,847	\$1,065,518	\$606	\$577	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	2	2	\$392	\$196	\$196	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	53	413	\$87,406	\$1,649	\$212	8
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	323	4,831	\$350,421	\$1,085	\$73	15
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	108	12,942	\$1,237,875	\$11,462	\$96	120
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	366	1,489	\$200,463	\$548	\$135	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	717	80,484	\$2,960,347	\$4,129	\$37	112
Community Living Supports (Daily)		H2016		Per Diem	189	57,717	\$4,178,241	\$22,107	\$72	305
Behavior Services		H2019		15 Minutes	25	1,003	\$73,067	\$2,923	\$73	40
Behavior Services		H2019	TT	15 Minutes	33	3,019	\$168,124	\$5,095	\$56	91
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	9	27	\$6,700	\$744	\$248	3
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	81	90,814	\$1,129,968	\$13,950	\$12	1,121
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	10	12	\$1,707	\$171	\$142	1
Health Services		S9446		Encounter	17	53	\$20,123	\$1,184	\$380	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	200	203	\$63,511	\$318	\$313	1
Health Services		T1002		Up to 15 min	625	1,383	\$244,816	\$392	\$177	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Clinton Eaton Ingham**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	1	4	\$1,188	\$1,188	\$297	4
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017		15 minutes	1,894	51,045	\$6,511,986	\$3,438	\$128	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	83	2,342	\$191,604	\$2,308	\$82	28
Personal Care in Licensed Specialized Residential Setting		T1020		Days	189	57,743	\$1,549,457	\$8,198	\$27	306
Assessments		T1023		Encounter	1,666	2,391	\$1,800,834	\$1,081	\$753	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>4,758</b>		<b>\$36,980,546</b>			



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	7	67	\$32,633	\$4,662	\$487	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	14	161	\$75,876	\$5,420	\$471	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	232	1,557	\$1,110,210	\$4,785	\$713	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	34	341	\$296,671	\$8,726	\$870	10
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	29	233	\$147,817	\$5,097	\$634	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	4	132	\$83,742	\$20,935	\$634	33
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$2,540	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$244,386	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	26	\$24,054	\$12,027	\$925	13
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	6	6	\$98	\$16	\$16	1
Assessment		90791		Encounter	454	456	\$333,467	\$735	\$731	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	192	192	\$153,248	\$798	\$798	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	841	1,465	\$127,113	\$151	\$87	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	2	2	\$668	\$334	\$334	1
Mental Health: Outpatient Care		90834		45 Minutes	1,429	3,934	\$513,090	\$359	\$130	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	2,334	13,388	\$2,373,661	\$1,017	\$177	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	3	\$572	\$191	\$191	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	47	219	\$38,131	\$811	\$174	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	78	717	\$48,737	\$625	\$68	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	9	9	\$1,840	\$204	\$204	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	221	1,861	\$316,087	\$1,430	\$170	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	2	\$933	\$467	\$467	1
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	2	19	\$2,472	\$1,236	\$130	10
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$451	\$451	\$451	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$635	\$635	\$635	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	2	\$1,727	\$863	\$863	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	34	40	\$6,537	\$192	\$163	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	12	13	\$1,843	\$154	\$142	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,479	4,481	\$906,277	\$613	\$202	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,386	3,865	\$1,075,120	\$776	\$278	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	55	55	\$26,234	\$477	\$477	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	4	4	\$363	\$91	\$91	1
Additional Codes-Physician Services		99222		50 Minutes	25	25	\$3,065	\$123	\$123	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$209	\$209	\$209	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	22	133	\$4,771	\$217	\$36	6
Additional Codes-Physician Services		99232		25 minutes	19	193	\$9,496	\$500	\$49	10
Additional Codes-Physician Services		99233		35 Minutes	3	12	\$1,282	\$427	\$107	4
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	9	24	\$767	\$85	\$32	3
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	90	343	\$128,185	\$1,424	\$374	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	2,209	2,424	\$683,890	\$310	\$282	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		2	2	\$1,527	\$764	\$764	1
Treatment Planning		H0032		Encounter	2,174	3,568	\$525,781	\$242	\$147	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	65	66	\$11,417	\$176	\$173	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	11	60	\$10,651	\$968	\$178	5
Home Based Services		H0036		15 Minutes	71	4,838	\$389,576	\$5,487	\$81	68
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	86	2,309	\$136,431	\$1,586	\$59	27
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	166	28,870	\$2,546,632	\$15,341	\$88	174
Community Living Supports in Independent living/own home		H0043		Per diem	32	7,296	\$987,126	\$30,848	\$135	228
Respite		H0045		Days	28	741	\$30,553	\$1,091	\$41	26
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	7	\$829	\$276	\$118	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	6	6	\$711	\$118	\$118	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	613	2,574	\$311,389	\$508	\$121	4
Substance Use Disorder: 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	525	128,858	\$303,628	\$578	\$2	245
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	153	144,828	\$518,544	\$3,389	\$4	947
Community Living Supports (Daily)		H2016		Per Diem	102	25,120	\$3,010,330	\$29,513	\$120	246
Behavior Services		H2019		15 Minutes	209	10,970	\$309,325	\$1,480	\$28	52
Behavior Services		H2019	TT	15 Minutes	160	10,335	\$291,419	\$1,821	\$28	65
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	252	94,535	\$386,863	\$1,535	\$4	375
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	103	101,415	\$722,054	\$7,010	\$7	985
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	1,289	5,001	\$125,697	\$98	\$25	4
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	7	134	\$426	\$61	\$3	19
Family Training		S5111		Encounter	8	37	\$4,289	\$536	\$116	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	4	51	\$12,219	\$3,055	\$240	13
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	12	110	\$138,628	\$11,552	\$1,260	9
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	45	99	\$70,466	\$1,566	\$712	2
Health Services		S9446		Encounter	24	114	\$42,271	\$1,761	\$371	5
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	11	931	\$25,397	\$2,309	\$27	85
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	25	305	\$66,357	\$2,654	\$218	12
Respite Care		T1005		15 Minutes	2	845	\$2,487	\$1,243	\$3	423



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	10	21	\$1,574	\$157	\$75	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	317	5,639	\$460,292	\$1,452	\$82	18
Targeted Case Management		T1017		15 minutes	1,148	33,294	\$2,768,120	\$2,411	\$83	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	71	\$4,520	\$646	\$64	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	155	25,527	\$990,479	\$6,390	\$39	165
Assessments		T1023		Encounter	997	1,347	\$1,219,530	\$1,223	\$905	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	134	\$1,515	\$1,515	\$11	134
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	8	69	\$5,562	\$695	\$81	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	1	1	\$469	\$469	\$469	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					7	0	\$6,469	\$924	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			13	0	\$21,394	\$1,646	\$0	0
<b>Total Population and Cost</b>					<b>4,822</b>		<b>\$25,241,850</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	3	30	\$28,900	\$9,633	\$963	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	50	583	\$423,089	\$8,462	\$726	12
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	15	\$12,150	\$12,150	\$810	15
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	36	36	\$29,217	\$812	\$812	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	25	25	\$28,416	\$1,137	\$1,137	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	54	82	\$9,109	\$169	\$111	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	47	107	\$20,011	\$426	\$187	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	111	515	\$144,071	\$1,298	\$280	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	15	203	\$114,539	\$7,636	\$564	14
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	44	477	\$74,207	\$1,687	\$156	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$1,298	\$1,298	\$1,298	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	3	3	\$1,090	\$363	\$363	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	4	4	\$3,759	\$940	\$940	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$147	\$147	\$147	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	308	1,585	\$469,746	\$1,525	\$296	5
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	82	197	\$75,995	\$927	\$386	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	9	10	\$3,495	\$388	\$350	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	1	4	\$1,211	\$1,211	\$303	4
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	5	\$2,163	\$2,163	\$433	5

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	1	1	\$433	\$433	\$433	1
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	2	9	\$3,915	\$1,957	\$435	5
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	14	14	\$4,093	\$292	\$292	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$57,103	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	61	65	\$15,594	\$256	\$240	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	138	277	\$64,743	\$469	\$234	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	10	147	\$34,358	\$3,436	\$234	15
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	434	\$48,044	\$12,011	\$111	109
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	19	2,357	\$28,543	\$1,502	\$12	124
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	27	6,681	\$646,053	\$23,928	\$97	247
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	1	5	\$501	\$501	\$100	5
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	154	1,208	\$170,086	\$1,104	\$141	8
Substance Use Disorder: 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	26	18,502	\$83,629	\$3,217	\$5	712
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	61	8,407	\$168,140	\$2,756	\$20	138
Community Living Supports (Daily)		H2016		Per Diem	30	5,459	\$754,161	\$25,139	\$138	182
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	49	\$2,274	\$2,274	\$46	49
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	33	3,814	\$35,127	\$1,064	\$9	116
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	36	29,722	\$181,899	\$5,053	\$6	826
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	33	163	\$4,075	\$123	\$25	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	1	10	\$766	\$766	\$77	10
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	3	\$936	\$936	\$312	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	9	9	\$9,860	\$1,096	\$1,096	1
Health Services		T1002		Up to 15 min	27	166	\$72,276	\$2,677	\$435	6
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	3	9	\$2,068	\$689	\$230	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	143	674	\$85,632	\$599	\$127	5
Targeted Case Management		T1017		15 minutes	87	1,297	\$197,857	\$2,274	\$153	15
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	30	5,458	\$348,548	\$11,618	\$64	182
Assessments		T1023		Encounter	106	149	\$262,040	\$2,472	\$1,759	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	12	99	\$1,465	\$122	\$15	8
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	7	\$596	\$596	\$85	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>569</b>		<b>\$4,727,428</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	1,438	14,829	\$9,312,155	\$6,476	\$628	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	2,907	38,137	\$21,134,455	\$7,270	\$554	13
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	1	6	\$4,800	\$4,800	\$800	6
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	10	90	\$63,878	\$6,388	\$710	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	636	5,731	\$4,177,565	\$6,568	\$729	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	1,328	11,793	\$6,672,775	\$5,025	\$566	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	84	604	\$392,600	\$4,674	\$650	7
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	154	1,348	\$655,641	\$4,257	\$486	9
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$8,500,484	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$1,927,795	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	1	15	\$1,316	\$1,316	\$88	15
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	517	4,539	\$1,177,336	\$2,277	\$259	9

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	5,347	6,077	\$1,798,870	\$336	\$296	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	13,587	14,564	\$2,755,732	\$203	\$189	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	13,471	38,920	\$2,347,572	\$174	\$60	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	1	3	\$0	\$0	\$0	3
Mental Health: Outpatient Care		90834		45 Minutes	7,257	18,136	\$2,089,628	\$288	\$115	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	7,803	31,885	\$4,996,584	\$640	\$157	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	140	152	\$14,921	\$107	\$98	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	30	38	\$2,149	\$72	\$57	1
Therapy-Family Therapy		90846		Encounter	23	35	\$4,271	\$186	\$122	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	142	353	\$46,474	\$327	\$132	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	2,859	32,416	\$1,190,875	\$417	\$37	11
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	9	\$8,100	\$8,100	\$900	9
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	197	203	\$14,599	\$74	\$72	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	126	180	\$105,219	\$835	\$585	1
Psychological Testing by Technician		96102		Per Hour	5	9	\$563	\$113	\$63	2
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	19	19	\$8,823	\$464	\$464	1
Assessments-Other		96111		Encounter	12	14	\$18	\$2	\$1	1
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	2,588	17,680	\$364,346	\$141	\$21	7
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	11	11	\$5,066	\$461	\$461	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	1	1	\$173	\$173	\$173	1
Occupational or Physical Therapy		97110		15 Minutes	2	10	\$696	\$348	\$70	5
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	2	\$461	\$230	\$230	1
Occupational Therapy		97166		Encounter	2	2	\$691	\$345	\$345	1
Occupational Therapy		97167		Encounter	17	17	\$6,401	\$377	\$377	1
Occupational Therapy		97168		Encounter	3	3	\$373	\$124	\$124	1
Occupational or Physical Therapy		97530		15 Minutes	75	2,761	\$87,915	\$1,172	\$32	37
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	8	8	\$652	\$82	\$82	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	69	84	\$7,099	\$103	\$85	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	31	34	\$3,493	\$113	\$103	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	7	7	\$761	\$109	\$109	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	118	118	\$21,190	\$180	\$180	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	1,303	3,040	\$144,259	\$111	\$47	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	4,558	11,310	\$671,466	\$147	\$59	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	21,450	91,628	\$7,779,715	\$363	\$85	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	3,499	6,492	\$764,990	\$219	\$118	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	238	245	\$31,698	\$133	\$129	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	50	57	\$1,548	\$31	\$27	1
Additional Codes-Physician Services		99223		70 Minutes	17	17	\$1,700	\$100	\$100	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	27	46	\$326	\$12	\$7	2
Additional Codes-Physician Services		99232		25 minutes	89	733	\$10,744	\$121	\$15	8
Additional Codes-Physician Services		99233		35 Minutes	298	443	\$37,414	\$126	\$84	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	3	3	\$420	\$140	\$140	1
Nursing Facility Services evaluation and management		99306		45 Minutes	2	2	\$340	\$170	\$170	1
Nursing Facility Services evaluation and management		99307		10 Minutes	18	25	\$1,493	\$83	\$60	1
Nursing Facility Services evaluation and management		99308		15 Minutes	34	44	\$3,555	\$105	\$81	1
Nursing Facility Services evaluation and management		99309		25 minutes	215	688	\$90,656	\$422	\$132	3
Nursing Facility Services evaluation and management		99310		35 Minutes	159	436	\$71,990	\$453	\$165	3
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	9	52	\$5,144	\$572	\$99	6
Assessment		99336		Encounter	6	6	\$870	\$145	\$145	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	161	2,451	\$22,298	\$138	\$9	15
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	13	15	\$924	\$71	\$62	1
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	9,713	11,486	\$1,366,865	\$141	\$119	1
Substance Use Disorder: Laboratory		H0003		Encounter	1	1	\$36	\$36	\$36	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	1	1	\$40	\$40	\$40	1
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	301	2,535	\$959,988	\$3,189	\$379	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	197	11,159	\$498,716	\$2,532	\$45	57
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	1	\$211	\$211	\$211	1
Assessment		H0031		Encounter	29,830	70,308	\$11,446,384	\$384	\$163	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		4	4	\$703	\$176	\$176	1
Treatment Planning		H0032		Encounter	25,431	53,201	\$7,474,875	\$294	\$141	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2,642	3,689	\$531,538	\$201	\$144	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	7	11	\$395	\$56	\$36	2
Home Based Services		H0036		15 Minutes	222	25,232	\$1,794,664	\$8,084	\$71	114
Home Based Services		H0036	ST	15 Minutes	3	149	\$10,430	\$3,477	\$70	50
Peer Directed and Operated Support Services		H0038		15 minutes	8,898	770,992	\$4,449,653	\$500	\$6	87
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	2	9	\$79	\$39	\$9	5
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	969	244,935	\$12,788,333	\$13,197	\$52	253
Community Living Supports in Independent living/own home		H0043		Per diem	1,698	159,243	\$12,975,304	\$7,642	\$81	94
Respite		H0045		Days	1	1	\$95	\$95	\$95	1
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	15	19	\$2,082	\$139	\$110	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	4	16	\$1,260	\$315	\$79	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	2,911	26,449	\$2,536,082	\$871	\$96	9
Substance Use Disorder: 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	595	251,477	\$1,037,621	\$1,744	\$4	423
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,966	392,933	\$2,170,739	\$1,104	\$6	200
Community Living Supports (Daily)		H2016		Per Diem	1,892	428,649	\$33,600,354	\$17,759	\$78	227
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	24	1,862	\$177,914	\$7,413	\$96	78
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Detroit-Wayne										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	1,229	193,073	\$2,774,707	\$2,258	\$14	157
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1,042	1,339,302	\$5,884,114	\$5,647	\$4	1,285
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	1	892	\$446	\$446	\$1	892
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	2	2	\$335	\$168	\$168	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	4	15	\$2,525	\$631	\$168	4
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	8,368	30,912	\$1,907,440	\$228	\$62	4
Health Services		S9446		Encounter	262	2,548	\$101,659	\$388	\$40	10
Health Services		S9470		Encounter	2	9	\$540	\$270	\$60	5
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	32	62	\$43,834	\$1,370	\$707	2
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	12,191	12,856	\$1,362,088	\$112	\$106	1
Health Services		T1002		Up to 15 min	3,379	6,797	\$313,971	\$93	\$46	2
Respite Care		T1005		15 Minutes	4	1,413	\$6,835	\$1,709	\$5	353

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Detroit-Wayne</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4,857	24,179	\$1,660,062	\$342	\$69	5	
Targeted Case Management		T1017		15 minutes	24,006	594,232	\$33,480,219	\$1,395	\$56	25	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	260	1,704	\$101,988	\$392	\$60	7	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,446	207,463	\$11,564,739	\$7,998	\$56	143	
Assessments		T1023		Encounter	5,253	8,024	\$4,012,722	\$764	\$500	2	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	17	25,448	\$96,603	\$5,683	\$4	1,497	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	1,078	2,382	\$277,312	\$257	\$116	2	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	3	21	\$3,066	\$1,022	\$146	7	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	87	101	\$222,908	\$2,562	\$2,207	1	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>44,224</b>		<b>\$237,188,537</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Genesee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	22	3,836	\$2,138,438	\$97,202	\$557	174
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	50	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	525	14,328	\$10,562,158	\$20,118	\$737	27
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	185	94	\$87,428	\$473	\$930	1
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
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	35	1,586	\$465,954	\$13,313	\$294	45

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	236	\$10,687	\$0	\$45	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	9	413	\$188,050	\$20,894	\$455	46
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	690	528	\$101,392	\$147	\$192	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	239	407	\$16,849	\$70	\$41	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	986	2,323	\$130,387	\$132	\$56	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	378	3,358	\$294,114	\$778	\$88	9
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	1	\$194	\$0	\$194	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	1	\$80	\$0	\$80	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	28	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	2	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	12	5	\$4,266	\$356	\$853	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	122	5,438	\$555,644	\$4,554	\$102	45
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	1	\$586	\$0	\$586	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	2	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	1	\$308	\$0	\$308	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	3	2	\$617	\$206	\$308	1
Occupational Therapy		97167		Encounter	4	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	5	4	\$617	\$123	\$154	1
Assessment or Health Services		97803		15 Minutes	28	1	\$154	\$6	\$154	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	1	\$61	\$0	\$61	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	3	\$247	\$247	\$82	3
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	8	2	\$368	\$46	\$184	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	213	410	\$162,340	\$762	\$396	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	377	89	\$3,144	\$8	\$35	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,472	8,965	\$725,871	\$493	\$81	6
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	787	4,449	\$1,154,281	\$1,467	\$259	6
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	147	\$47,577	\$1,160	\$324	4
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	1	2	\$151	\$151	\$76	2
Additional Codes-Physician Services		99223		70 Minutes	4	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	2	\$40	\$40	\$20	2
Additional Codes-Physician Services		99232		25 minutes	3	8	\$276	\$92	\$35	3
Additional Codes-Physician Services		99233		35 Minutes	4	2	\$97	\$24	\$49	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	3	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	2	2	\$812	\$406	\$406	1
Assessment		99350		Encounter	1	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	102	\$10,783	\$0	\$106	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	5	474	\$1,654	\$331	\$3	95
Additional Codes-Transportation		A0427		Refer to code descriptions.	5	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	1	\$22	\$0	\$22	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	289	\$42,564	\$0	\$147	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,503	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	154	2,839	\$938,964	\$6,097	\$331	18
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	82	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	8	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,277	1,236	\$405,351	\$317	\$328	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	19	\$2,581	\$2,581	\$136	19
Treatment Planning		H0032		Encounter	1,251	222	\$76,761	\$61	\$346	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	50	426	\$97,678	\$1,954	\$229	9
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	210	\$10,728	\$2,682	\$51	53
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	113	5,951	\$608,147	\$5,382	\$102	53
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	265	57,966	\$3,341,722	\$12,610	\$58	219
Community Living Supports in Independent living/own home		H0043		Per diem	94	514	\$50,856	\$541	\$99	5
Respite		H0045		Days	1	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	294	3,281	\$749,217	\$2,548	\$228	11
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	12	302,770	\$968,221	\$80,685	\$3	25,231
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	81	46,893	\$240,771	\$2,972	\$5	579
Community Living Supports (Daily)		H2016		Per Diem	64	40,319	\$5,789,246	\$90,457	\$144	630
Behavior Services		H2019		15 Minutes	0	3,883	\$169,542	\$0	\$44	0
Behavior Services		H2019	TT	15 Minutes	0	6,053	\$263,263	\$0	\$43	0
Wraparound		H2021		15 Minutes	0	8	\$921	\$0	\$115	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	42	71,702	\$507,893	\$12,093	\$7	1,707
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	37	145,319	\$813,932	\$21,998	\$6	3,928
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	767	\$31,979	\$0	\$42	0
Family Training		S5111		Encounter	1	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	26	18	\$3,101	\$119	\$172	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	10	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	5	8,284	\$1,392,515	\$278,503	\$168	1,657
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	938	53	\$15,900	\$17	\$300	0
Health Services		T1002		Up to 15 min	167	786	\$136,642	\$818	\$174	5
Respite Care		T1005		15 Minutes	2	20,176	\$76,553	\$38,277	\$4	10,088

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	64	\$5,804	\$0	\$91	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	21	19,221	\$1,165,450	\$55,498	\$61	915
Targeted Case Management		T1017		15 minutes	1,361	175,501	\$9,495,259	\$6,977	\$54	129
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	36	110	\$9,773	\$271	\$89	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	35	1,632	\$191,906	\$5,483	\$118	47
Assessments		T1023		Encounter	1,254	28	\$25,400	\$20	\$907	0
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	24	19	\$735	\$31	\$39	1
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	228	710	\$6,961	\$31	\$10	3
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7	78	\$9,634	\$1,376	\$124	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	335	\$171,951	\$0	\$513	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>4,254</b>		<b>\$44,483,570</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	25	242	\$316,805	\$12,672	\$1,309	10
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	1	15	\$8,182	\$8,182	\$545	15
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	26	26	\$18,488	\$711	\$711	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	5	6	\$700	\$140	\$117	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	3	4	\$703	\$234	\$176	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	13	66	\$18,608	\$1,431	\$282	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	17	88	\$9,451	\$556	\$107	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	21	218	\$30,383	\$1,447	\$139	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	14	43	\$3,231	\$231	\$75	3



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	18	24	\$7,592	\$422	\$316	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	101	457	\$155,284	\$1,537	\$340	5
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	20	36	\$17,363	\$868	\$482	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Gogebic										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	1	1	\$275	\$275	\$275	1
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	11	11	\$2,395	\$218	\$218	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	1	32	\$16,902	\$16,902	\$528	32
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	19	575	\$50,997	\$2,684	\$89	30
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	42	44	\$16,196	\$386	\$368	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	59	61	\$9,117	\$155	\$149	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	11	815	\$61,215	\$5,565	\$75	74
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	19	1,551	\$33,874	\$1,783	\$22	82
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	26	4,796	\$392,169	\$15,083	\$82	184
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	124	792	\$34,888	\$281	\$44	6
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	49	3,380	\$42,915	\$876	\$13	69
Community Living Supports (Daily)		H2016		Per Diem	5	1,034	\$89,141	\$17,828	\$86	207
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gogebic**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	8	281	\$9,326	\$1,166	\$33	35
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	119	540	\$7,144	\$60	\$13	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	1	16	\$1,196	\$1,196	\$75	16
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	2	3	\$837	\$419	\$279	2
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Gogebic											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	35	1,236	\$82,664	\$2,362	\$67	35	
Targeted Case Management		T1017		15 minutes	102	4,309	\$292,064	\$2,863	\$68	42	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	19	\$1,288	\$1,288	\$68	19	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,034	\$130,408	\$26,082	\$126	207	
Assessments		T1023		Encounter	39	52	\$15,010	\$385	\$289	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>294</b>		<b>\$1,876,809</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	11	437	\$78,853	\$7,168	\$180	40
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	71	642	\$716,469	\$10,091	\$1,116	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Gratiot**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	12	59	\$30,739	\$2,562	\$521	5
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	72	78	\$22,516	\$313	\$289	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	55	103	\$14,326	\$260	\$139	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	124	480	\$67,951	\$548	\$142	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	243	1,469	\$315,493	\$1,298	\$215	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	7	11	\$2,480	\$354	\$225	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	39	253	\$18,594	\$477	\$73	6
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	1	5	\$785	\$785	\$157	5
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	30	309	\$27,709	\$924	\$90	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Gratiot										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	6	36	\$1,111	\$185	\$31	6
Assessment or Health Services		97803		15 Minutes	2	26	\$820	\$410	\$32	13
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	5	13	\$1,002	\$200	\$77	3
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	76	119	\$10,435	\$137	\$88	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	206	500	\$63,960	\$310	\$128	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	146	247	\$42,453	\$291	\$172	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	13	17	\$3,430	\$264	\$202	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	1	\$119	\$60	\$119	1
Additional Codes-Physician Services		99222		50 Minutes	5	6	\$938	\$188	\$156	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$236	\$236	\$236	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	23	\$1,370	\$343	\$60	6
Additional Codes-Physician Services		99232		25 minutes	4	36	\$3,138	\$785	\$87	9
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	85	92	\$18,097	\$213	\$197	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	388	435	\$60,037	\$155	\$138	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	234	1,827	\$68,520	\$293	\$38	8
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	31	4,955	\$214,451	\$6,918	\$43	160
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	50	3,705	\$110,526	\$2,211	\$30	74
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	12	2,869	\$219,544	\$18,295	\$77	239
Respite		H0045		Days	2	77	\$12,164	\$6,082	\$158	39
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	13	\$2,756	\$919	\$212	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	157	700	\$45,751	\$291	\$65	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	1,330	\$34,507	\$3,137	\$26	121
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	35	9,007	\$38,832	\$1,109	\$4	257
Community Living Supports (Daily)		H2016		Per Diem	7	1,380	\$221,032	\$31,576	\$160	197
Behavior Services		H2019		15 Minutes	24	711	\$24,151	\$1,006	\$34	30
Behavior Services		H2019	TT	15 Minutes	17	1,309	\$47,259	\$2,780	\$36	77
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Gratiot										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	39	1,931	\$55,690	\$1,428	\$29	50
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	1	3,378	\$63,142	\$63,142	\$19	3,378
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	26	\$4,598	\$1,533	\$177	9
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	4	31	\$1,278	\$320	\$41	8
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	77	931	\$35,342	\$459	\$38	12
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Gratiot</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	48	1,492	\$102,804	\$2,142	\$69	31	
Targeted Case Management		T1017		15 minutes	339	8,386	\$595,495	\$1,757	\$71	25	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	35	\$1,494	\$374	\$43	9	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,213	\$91,734	\$18,347	\$76	243	
Assessments		T1023		Encounter	153	226	\$22,768	\$149	\$101	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	1	7	\$231	\$231	\$33	7	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	1	7	\$377	\$377	\$54	7	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>2,866</b>		<b>\$3,517,507</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	2	15	\$11,817	\$5,909	\$788	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	1	10	\$1,288	\$1,288	\$129	10
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	64	565	\$445,113	\$6,955	\$788	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	10	135	\$7,566	\$757	\$56	14
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	21	21	\$11,624	\$554	\$554	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	16	16	\$13,675	\$855	\$855	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	151	274	\$29,058	\$192	\$106	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	190	854	\$154,843	\$815	\$181	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	161	730	\$170,494	\$1,059	\$234	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	11	113	\$34,155	\$3,105	\$302	10
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	15	\$2,173	\$543	\$145	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	35	504	\$3,315	\$95	\$7	14
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$311	\$311	\$311	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$1,088	\$544	\$544	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	65	66	\$54,989	\$846	\$833	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	243	668	\$149,080	\$613	\$223	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	240	593	\$195,281	\$814	\$329	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	56	90	\$46,701	\$834	\$519	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	20	20	\$5,630	\$282	\$282	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Hiawatha										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	4	\$528	\$528	\$132	4
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	263	314	\$86,817	\$330	\$276	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$0	\$0	\$0	1
Treatment Planning		H0032		Encounter	238	505	\$61,681	\$259	\$122	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6	8	\$886	\$148	\$111	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	25	\$202	\$67	\$8	8
Home Based Services		H0036		15 Minutes	1	86	\$7,938	\$7,938	\$92	86
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	54	5,453	\$182,417	\$3,378	\$33	101
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$73,988	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	45	6,674	\$683,625	\$15,192	\$102	148
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	349	1,968	\$225,379	\$646	\$115	6
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	7,209	\$30,854	\$3,428	\$4	801
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	24	9,391	\$91,617	\$3,817	\$10	391
Community Living Supports (Daily)		H2016		Per Diem	20	5,390	\$532,370	\$26,619	\$99	270
Behavior Services		H2019		15 Minutes	1	4	\$234	\$234	\$59	4
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	6	477	\$2,037	\$340	\$4	80
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	292	1,000	\$0	\$0	\$0	3
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	1	\$75	\$75	\$75	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	1	\$43	\$43	\$43	1
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	2	30	\$2,809	\$1,404	\$94	15
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$132	\$33	\$33	1
Health Services		T1002		Up to 15 min	1	3	\$38	\$38	\$13	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Hiawatha											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	1	1	\$234	\$234	\$234	1	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	150	2,250	\$436,266	\$2,908	\$194	15	
Targeted Case Management		T1017		15 minutes	56	1,256	\$213,109	\$3,806	\$170	22	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	8	\$1,401	\$1,401	\$175	8	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	20	5,390	\$532,370	\$26,619	\$99	270	
Assessments		T1023		Encounter	160	199	\$146,043	\$913	\$734	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	16	\$286	\$286	\$18	16	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>858</b>		<b>\$4,651,582</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	5	50	\$29,110	\$5,822	\$582	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	44	362	\$295,554	\$6,717	\$816	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	4	20	\$5,227	\$1,307	\$261	5
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	11	82	\$51,751	\$4,705	\$631	7
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$9,042	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	1	4	\$1,155	\$1,155	\$289	4



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	70	70	\$98,179	\$1,403	\$1,403	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	86	150	\$18,915	\$220	\$126	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	209	990	\$216,561	\$1,036	\$219	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	101	256	\$73,737	\$730	\$288	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	34	248	\$22,133	\$651	\$89	7
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	15	\$3,787	\$344	\$252	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	49	444	\$142,326	\$2,905	\$321	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$203	\$203	\$203	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	8	8	\$10,693	\$1,337	\$1,337	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	318	1,463	\$554,858	\$1,745	\$379	5
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	25	27	\$20,943	\$838	\$776	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	1	1	\$835	\$835	\$835	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	11	11	\$1,477	\$134	\$134	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	14	54	\$2,446	\$175	\$45	4
Additional Codes-Physician Services		99232		25 minutes	8	16	\$720	\$90	\$45	2
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4	5	\$1,363	\$341	\$273	1
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	7	31	\$10,184	\$1,455	\$329	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	332	348	\$98,361	\$296	\$283	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		4	4	\$1,592	\$398	\$398	1
Treatment Planning		H0032		Encounter	255	526	\$87,925	\$345	\$167	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	84	108	\$14,977	\$178	\$139	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	34	43	\$15,168	\$446	\$353	1
Home Based Services		H0036		15 Minutes	21	2,361	\$111,658	\$5,317	\$47	112
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	33	754	\$50,312	\$1,525	\$67	23
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$180,181	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	55	11,575	\$702,143	\$12,766	\$61	210
Community Living Supports in Independent living/own home		H0043		Per diem	1	128	\$1,647	\$1,647	\$13	128
Respite		H0045		Days	2	3	\$477	\$238	\$159	2
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	5	\$364	\$364	\$73	5
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	9	\$559	\$559	\$62	9
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	101	231	\$19,782	\$196	\$86	2
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	6	7,524	\$27,536	\$4,589	\$4	1,254
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	33	24,389	\$240,610	\$7,291	\$10	739
Community Living Supports (Daily)		H2016		Per Diem	5	1,532	\$131,192	\$26,238	\$86	306
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	8	\$724	\$724	\$90	8
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Huron</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	41	61,425	\$353,873	\$8,631	\$6	1,498
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	5	96	\$3,959	\$792	\$41	19
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	3	\$629	\$629	\$210	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	6	11	\$18,022	\$3,004	\$1,638	2
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	2	360	\$1,261	\$631	\$4	180

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Huron</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	6	12	\$1,808	\$301	\$151	2	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	44	1,190	\$64,239	\$1,460	\$54	27	
Targeted Case Management		T1017		15 minutes	202	9,069	\$479,918	\$2,376	\$53	45	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	11	142	\$8,143	\$740	\$57	13	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,532	\$55,839	\$11,168	\$36	306	
Assessments		T1023		Encounter	173	221	\$79,055	\$457	\$358	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	10	83	\$7,220	\$722	\$87	8	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>626</b>		<b>\$4,330,372</b>				



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	7	71	\$286,137	\$40,877	\$4,030	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	19	153	\$815,402	\$42,916	\$5,329	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	55	55	\$50,370	\$916	\$916	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$97,930	\$0	\$0	0
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	32	40	\$8,252	\$258	\$206	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	84	132	\$48,171	\$573	\$365	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	174	456	\$319,645	\$1,837	\$701	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$178	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	3	\$1,953	\$651	\$651	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	26	106	\$21,248	\$817	\$200	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$3,489	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	49	155	\$103,893	\$2,120	\$670	3
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	1	1	\$13,253	\$13,253	\$13,253	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$250	\$250	\$250	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	51	54	\$53,929	\$1,057	\$999	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	166	225	\$354,026	\$2,133	\$1,573	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	28	32	\$47,681	\$1,703	\$1,490	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Ionia										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$442	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	234	241	\$225,159	\$962	\$934	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	2	5	\$11,943	\$5,972	\$2,389	3
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	153	178	\$185,315	\$1,211	\$1,041	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	120	129	\$80,083	\$667	\$621	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	56	1,326	\$232,463	\$4,151	\$175	24
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	47	1,465	\$86,366	\$1,838	\$59	31
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$64,687	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	1	1	\$7,680	\$7,680	\$7,680	1
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	24	105	\$14,909	\$621	\$142	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2	42	\$7,097	\$3,548	\$169	21
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	532	\$26,084	\$4,347	\$49	89
Community Living Supports (Daily)		H2016		Per Diem	8	576	\$510,344	\$63,793	\$886	72
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$2,521	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	13	330	\$51,520	\$3,963	\$156	25
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	16	\$2,958	\$986	\$185	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$3,285	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$510	\$0	\$0	0
Health Services		T1002		Up to 15 min	105	284	\$85,756	\$817	\$302	3
Respite Care		T1005		15 Minutes	5	2,167	\$29,020	\$5,804	\$13	433



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ionia**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	29	319	\$123,843	\$4,270	\$388	11
Targeted Case Management		T1017		15 minutes	254	2,954	\$960,439	\$3,781	\$325	12
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	388	\$32,387	\$6,477	\$83	78
Assessments		T1023		Encounter	52	60	\$79,121	\$1,522	\$1,319	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$3,595	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,504</b>		<b>\$5,053,334</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	82	953	\$586,970	\$7,158	\$616	12
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	121	1,186	\$792,487	\$6,549	\$668	10
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	374	3,265	\$1,990,291	\$5,322	\$610	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	87	95	\$12,058	\$139	\$127	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	475	541	\$296,823	\$625	\$549	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	51	100	\$19,376	\$380	\$194	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	103	904	\$165,787	\$1,610	\$183	9
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	40	212	\$17,963	\$449	\$85	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	21	328	\$22,221	\$1,058	\$68	16
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	274	2,144	\$154,152	\$563	\$72	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	33	182	\$19,702	\$597	\$108	6
Assessment or Health Services		97803		15 Minutes	29	391	\$43,009	\$1,483	\$110	13
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	4	4	\$613	\$153	\$153	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	10	10	\$2,045	\$205	\$205	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	29	31	\$6,570	\$227	\$212	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	71	79	\$22,213	\$313	\$281	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	198	236	\$78,710	\$398	\$334	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	6	10	\$579	\$97	\$58	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	251	446	\$33,594	\$134	\$75	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,240	2,718	\$249,860	\$201	\$92	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,382	3,051	\$578,433	\$419	\$190	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	864	2,042	\$611,690	\$708	\$300	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	46	48	\$3,351	\$73	\$70	1
Additional Codes-Physician Services		99222		50 Minutes	64	76	\$6,309	\$99	\$83	1
Additional Codes-Physician Services		99223		70 Minutes	213	263	\$21,673	\$102	\$82	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	217	771	\$42,794	\$197	\$56	4
Additional Codes-Physician Services		99232		25 minutes	271	1,233	\$86,789	\$320	\$70	5
Additional Codes-Physician Services		99233		35 Minutes	264	918	\$65,204	\$247	\$71	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	2	370	\$1,919	\$960	\$5	185
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,291	2,655	\$1,215,371	\$941	\$458	2
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	196	2,107	\$738,642	\$3,769	\$351	11
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	5	5	\$2,189	\$438	\$438	1
Assessment		H0031		Encounter	276	309	\$80,207	\$291	\$260	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		3	5	\$1,055	\$352	\$211	2
Treatment Planning		H0032		Encounter	396	709	\$52,127	\$132	\$74	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	262	8,429	\$1,098,539	\$4,193	\$130	32
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$166,699	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	209	30,428	\$1,327,832	\$6,353	\$44	146
Community Living Supports in Independent living/own home		H0043		Per diem	68	20,172	\$682,061	\$10,030	\$34	297
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	79	37,162	\$869,868	\$11,011	\$23	470
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	53	149	\$2,486	\$47	\$17	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$553	\$553	\$553	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	554	5,125	\$654,063	\$1,181	\$128	9
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	31	46,504	\$114,480	\$3,693	\$2	1,500
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	42	38,011	\$203,570	\$4,847	\$5	905
Community Living Supports (Daily)		H2016		Per Diem	164	50,134	\$5,586,098	\$34,062	\$111	306
Behavior Services		H2019		15 Minutes	113	6,609	\$161,715	\$1,431	\$24	58
Behavior Services		H2019	TT	15 Minutes	86	9,769	\$54,149	\$630	\$6	114
Wraparound		H2021		15 Minutes	1	1	\$132	\$132	\$132	1
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	186	23,068	\$252,596	\$1,358	\$11	124
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	121	102,181	\$364,431	\$3,012	\$4	844
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$74	\$74	\$74	1
Health Services		S9446		Encounter	4	37	\$1,369	\$342	\$37	9
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	34	36	\$14,917	\$439	\$414	1
Health Services		T1002		Up to 15 min	556	3,612	\$113,728	\$205	\$31	6
Respite Care		T1005		15 Minutes	1	216	\$3,001	\$3,001	\$14	216

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	105	12,747	\$420,695	\$4,007	\$33	121
Targeted Case Management		T1017		15 minutes	1,236	88,161	\$2,837,278	\$2,296	\$32	71
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	19	783	\$91,934	\$4,839	\$117	41
Personal Care in Licensed Specialized Residential Setting		T1020		Days	155	48,421	\$2,102,988	\$13,568	\$43	312
Assessments		T1023		Encounter	718	1,131	\$587,139	\$818	\$519	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7	74	\$4,984	\$712	\$67	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>3,986</b>		<b>\$25,740,157</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Lapeer**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	14	115	\$80,538	\$5,753	\$700	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	108	749	\$524,545	\$4,857	\$700	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$65,831	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	4	\$1,459	\$1,459	\$365	4
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	3	\$1,095	\$1,095	\$365	3

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Lapeer**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	4	20	\$3,362	\$841	\$168	5
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	41	41	\$15,219	\$371	\$371	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	153	154	\$59,788	\$391	\$388	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	118	192	\$15,075	\$128	\$79	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	423	3,154	\$412,549	\$975	\$131	7
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	205	1,186	\$171,424	\$836	\$145	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	6	\$723	\$241	\$120	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	14	\$1,820	\$607	\$130	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	67	663	\$182,362	\$2,722	\$275	10
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	9	\$324	\$162	\$36	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	38	362	\$17,072	\$449	\$47	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	4	4	\$310	\$78	\$78	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Lapeer**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	261	503	\$51,192	\$196	\$102	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	402	959	\$143,826	\$358	\$150	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	162	328	\$72,306	\$446	\$220	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$64	\$21	\$21	1
Additional Codes-Physician Services		99222		50 Minutes	8	8	\$229	\$29	\$29	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$64	\$32	\$32	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	7	40	\$332	\$47	\$8	6
Additional Codes-Physician Services		99232		25 minutes	8	38	\$481	\$60	\$13	5
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$21	\$21	\$21	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Lapeer**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	6	60	\$23,955	\$3,992	\$399	10
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$106,200	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	544	558	\$114,949	\$211	\$206	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		3	3	\$1,151	\$384	\$384	1
Treatment Planning		H0032		Encounter	452	548	\$72,477	\$160	\$132	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	283	545	\$70,354	\$249	\$129	2
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	137	2,778	\$132,017	\$964	\$48	20
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	60	10,287	\$608,407	\$10,140	\$59	171
Community Living Supports in Independent living/own home		H0043		Per diem	16	449	\$61,328	\$3,833	\$137	28
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	4	\$173	\$173	\$43	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	39	147	\$5,667	\$145	\$39	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	58	28,740	\$139,275	\$2,401	\$5	496
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	71	21,199	\$87,791	\$1,236	\$4	299
Community Living Supports (Daily)		H2016		Per Diem	31	9,148	\$1,287,447	\$41,531	\$141	295
Behavior Services		H2019		15 Minutes	41	2,198	\$103,789	\$2,531	\$47	54
Behavior Services		H2019	TT	15 Minutes	26	3,047	\$143,613	\$5,524	\$47	117
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Lapeer**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	62	1,329	\$5,146	\$83	\$4	21
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	61	115,327	\$656,941	\$10,770	\$6	1,891
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	3	\$461	\$461	\$154	3
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	2	\$376	\$376	\$188	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	11	30	\$5,725	\$520	\$191	3
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	25	167	\$4,191	\$168	\$25	7
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Lapeer</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	233	10,675	\$690,359	\$2,963	\$65	46	
Targeted Case Management		T1017		15 minutes	2	49	\$3,456	\$1,728	\$71	25	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	4	\$302	\$302	\$75	4	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	9,149	\$162,293	\$5,235	\$18	295	
Assessments		T1023		Encounter	175	225	\$29,710	\$170	\$132	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	1	1	\$116	\$116	\$116	1	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>937</b>		<b>\$6,339,677</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	33	303	\$227,173	\$6,884	\$750	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	169	1,369	\$1,112,254	\$6,581	\$812	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	6	24	\$4,180	\$697	\$174	4
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	1	1	\$353	\$353	\$353	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	126	126	\$93,021	\$738	\$738	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	7	15	\$1,919	\$274	\$128	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	53	237	\$14,660	\$277	\$62	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	28	248	\$44,669	\$1,595	\$180	9
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	7	\$1,814	\$907	\$259	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	5	69	\$18,727	\$3,745	\$271	14
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	15	\$1,201	\$400	\$80	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	96	1,078	\$61,592	\$642	\$57	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	1	1	\$479	\$479	\$479	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	201	361	\$58,262	\$290	\$161	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	524	1,413	\$346,888	\$662	\$245	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	348	792	\$288,197	\$828	\$364	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	36	36	\$22,892	\$636	\$636	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	1	1	\$10	\$10	\$10	1
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$254	\$254	\$254	1
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	280	6,917	\$82,748	\$296	\$12	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	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	701	759	\$208,641	\$298	\$275	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$377	\$377	\$377	1
Treatment Planning		H0032		Encounter	11	17	\$1,648	\$150	\$97	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6	66	\$5,285	\$881	\$80	11
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	11	\$487	\$244	\$44	6
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	175	5,096	\$194,269	\$1,110	\$38	29
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	4	488	\$81,526	\$20,381	\$167	122
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	15	15	\$388	\$26	\$26	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	118	286	\$26,384	\$224	\$92	2
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	46	23,433	\$94,858	\$2,062	\$4	509
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	13	62,398	\$159,025	\$12,233	\$3	4,800
Community Living Supports (Daily)		H2016		Per Diem	36	8,734	\$1,218,269	\$33,841	\$139	243
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	54	\$21,663	\$21,663	\$401	54
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	18	110	\$597	\$33	\$5	6
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	20	\$197	\$197	\$10	20
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	5	43	\$69,342	\$13,868	\$1,613	9
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	11	\$507	\$507	\$46	11
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	8	207	\$17,208	\$2,151	\$83	26
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	3	3	\$553	\$184	\$184	1
Health Services		T1002		Up to 15 min	6	11	\$522	\$87	\$47	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	9	91	\$8,355	\$928	\$92	10
Targeted Case Management		T1017		15 minutes	401	13,270	\$1,258,228	\$3,138	\$95	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	11	128	\$11,371	\$1,034	\$89	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	36	8,673	\$616,678	\$17,130	\$71	241
Assessments		T1023		Encounter	201	280	\$62,754	\$312	\$224	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	3	\$339	\$339	\$113	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>119</b>		<b>\$6,440,761</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	22	177	\$119,261	\$5,421	\$674	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	50	404	\$222,963	\$4,459	\$552	8
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	525	3,721	\$2,294,893	\$4,371	\$617	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	185	1,433	\$1,011,968	\$5,470	\$706	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
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	35	253	\$81,282	\$2,322	\$321	7

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	10	10	\$6,211	\$621	\$621	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	704	713	\$462,628	\$657	\$649	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	239	421	\$19,122	\$80	\$45	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	986	7,928	\$658,746	\$668	\$83	8
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	378	1,687	\$127,318	\$337	\$75	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	28	411	\$17,094	\$610	\$42	15
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	2	2	\$1,061	\$530	\$530	1
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	12	54	\$5,337	\$445	\$99	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	125	1,363	\$205,594	\$1,645	\$151	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	2	2	\$396	\$198	\$198	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	2	\$396	\$198	\$198	1
Occupational Therapy		97166		Encounter	3	3	\$595	\$198	\$198	1
Occupational Therapy		97167		Encounter	4	4	\$793	\$198	\$198	1
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	5	20	\$705	\$141	\$35	4
Assessment or Health Services		97803		15 Minutes	28	116	\$4,088	\$146	\$35	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$153	\$153	\$153	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	8	8	\$1,103	\$138	\$138	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	2	\$509	\$255	\$255	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	223	286	\$74,999	\$336	\$262	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	379	615	\$123,567	\$326	\$201	2



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,485	4,453	\$1,096,075	\$738	\$246	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	798	1,567	\$430,331	\$539	\$275	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	45	\$11,756	\$287	\$261	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$102	\$102	\$102	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$102	\$102	\$102	1
Additional Codes-Physician Services		99223		70 Minutes	4	4	\$405	\$101	\$101	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	2	\$204	\$204	\$102	2
Additional Codes-Physician Services		99232		25 minutes	3	3	\$301	\$100	\$100	1
Additional Codes-Physician Services		99233		35 Minutes	4	9	\$904	\$226	\$100	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	3	4	\$340	\$113	\$85	1
Assessment		99349		Encounter	2	2	\$179	\$90	\$90	1
Assessment		99350		Encounter	1	1	\$31	\$31	\$31	1
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	5	430	\$1,939	\$388	\$5	86
Additional Codes-Transportation		A0427		Refer to code descriptions.	5	5	\$607	\$121	\$121	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,547	1,632	\$273,141	\$177	\$167	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	154	634	\$418,277	\$2,716	\$660	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	1,312	\$259,477	\$0	\$198	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	82	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	8	61	\$4,853	\$607	\$80	8
Assessment		H0031		Encounter	1,308	1,349	\$350,015	\$268	\$259	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$354	\$354	\$354	1
Treatment Planning		H0032		Encounter	1,251	2,572	\$216,251	\$173	\$84	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	50	662	\$116,015	\$2,320	\$175	13
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	255	\$20,169	\$5,042	\$79	64
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	113	19,700	\$391,574	\$3,465	\$20	174
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	265	71,068	\$2,945,462	\$11,115	\$41	268
Community Living Supports in Independent living/own home		H0043		Per diem	94	11,238	\$1,081,243	\$11,503	\$96	120
Respite		H0045		Days	1	35	\$3,501	\$3,501	\$100	35
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	302	925	\$57,385	\$190	\$62	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	12	11,227	\$72,619	\$6,052	\$6	936
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	81	81,870	\$373,456	\$4,611	\$5	1,011
Community Living Supports (Daily)		H2016		Per Diem	64	17,988	\$3,149,183	\$49,206	\$175	281
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	42	5,619	\$89,387	\$2,128	\$16	134
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	37	67,373	\$329,486	\$8,905	\$5	1,821
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	3	\$159	\$159	\$53	3
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	27	27	\$21,104	\$782	\$782	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	10	40	\$4,229	\$423	\$106	4
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	5	21	\$4,841	\$968	\$231	4
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	966	987	\$231,348	\$239	\$234	1
Health Services		T1002		Up to 15 min	176	384	\$49,242	\$280	\$128	2
Respite Care		T1005		15 Minutes	2	2,357	\$4,376	\$2,188	\$2	1,179

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	21	1,085	\$40,329	\$1,920	\$37	52
Targeted Case Management		T1017		15 minutes	1,362	47,548	\$1,923,393	\$1,412	\$40	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	36	1,029	\$30,577	\$849	\$30	29
Personal Care in Licensed Specialized Residential Setting		T1020		Days	35	9,010	\$982,328	\$28,067	\$109	257
Assessments		T1023		Encounter	1,278	1,781	\$273,301	\$214	\$153	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	24	107	\$9,937	\$414	\$93	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	235	401	\$105,124	\$447	\$262	2
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7	75	\$10,609	\$1,516	\$141	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>4,311</b>		<b>\$20,826,801</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	12	115	\$118,065	\$9,839	\$1,027	10
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	6	96	\$11,068	\$1,845	\$115	16
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	214	1,758	\$1,570,509	\$7,339	\$893	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	1	8	\$1,288	\$1,288	\$161	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	34	\$32,670	\$16,335	\$961	17
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	5	5	\$2,701	\$540	\$540	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	112	113	\$69,809	\$623	\$618	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	176	437	\$51,937	\$295	\$119	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	276	973	\$172,288	\$624	\$177	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	352	2,758	\$655,254	\$1,862	\$238	8
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$232	\$232	\$232	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	16	\$3,776	\$629	\$236	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	60	590	\$88,655	\$1,478	\$150	10
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	8	\$1,978	\$283	\$247	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	98	900	\$145,369	\$1,483	\$162	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Livingston										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	11	11	\$1,591	\$145	\$145	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	89	132	\$19,863	\$223	\$150	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	404	1,110	\$255,437	\$632	\$230	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	341	1,070	\$314,032	\$921	\$293	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	91	142	\$46,280	\$509	\$326	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Livingston	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	231	254	\$46,833	\$203	\$184	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	8	988	\$72,824	\$9,103	\$74	124
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	215	226	\$91,608	\$426	\$405	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		9	9	\$3,663	\$407	\$407	1
Treatment Planning		H0032		Encounter	10	11	\$1,590	\$159	\$145	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	5	\$448	\$448	\$90	5
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	17	1,081	\$71,655	\$4,215	\$66	64
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	79	4,291	\$139,811	\$1,770	\$33	54
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	2	11	\$358	\$179	\$33	6
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	56	8,402	\$838,802	\$14,979	\$100	150
Community Living Supports in Independent living/own home		H0043		Per diem	10	1,055	\$174,869	\$17,487	\$166	106
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	198	832	\$60,050	\$303	\$72	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	1,762	\$5,696	\$5,696	\$3	1,762
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	97	138,219	\$441,340	\$4,550	\$3	1,425
Community Living Supports (Daily)		H2016		Per Diem	11	2,804	\$454,257	\$41,296	\$162	255
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	7	341	\$32,176	\$4,597	\$94	49
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	72	83,839	\$424,968	\$5,902	\$5	1,164
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	4	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	35	\$3,625	\$0	\$104	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	6	62	\$104,827	\$17,471	\$1,691	10
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	1	28	\$1,946	\$1,946	\$70	28
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	75	244	\$33,135	\$442	\$136	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Livingston**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	9	96	\$12,100	\$1,344	\$126	11
Targeted Case Management		T1017		15 minutes	409	11,080	\$705,633	\$1,725	\$64	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	15	114	\$7,552	\$503	\$66	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	1,807	\$88,329	\$11,041	\$49	226
Assessments		T1023		Encounter	85	107	\$21,392	\$252	\$200	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	\$78	\$78	\$39	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,276</b>		<b>\$7,402,367</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	2	14	\$0	\$0	\$0	7
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	1	12	\$621	\$621	\$52	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	779	6,847	\$4,044,292	\$5,192	\$591	9
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	32	264	\$95,713	\$2,991	\$363	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$8,638	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1,359	12,730	\$7,514,993	\$5,530	\$590	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	50	414	\$117,172	\$2,343	\$283	8
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	912	1,556	\$291,534	\$320	\$187	2
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	4	114	\$4,600	\$1,150	\$40	29
Outpatient Partial Hospitalization	0912			Days	246	1,643	\$440,454	\$1,790	\$268	7

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Macomb**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	11	13	\$94	\$9	\$7	1
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	819	884	\$133,209	\$163	\$151	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1,822	2,596	\$613,012	\$336	\$236	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	817	1,599	\$136,701	\$167	\$85	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	24	26	\$4,732	\$197	\$182	1
Mental Health: Outpatient Care		90834		45 Minutes	2,199	10,344	\$971,704	\$442	\$94	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	11	11	\$2,320	\$211	\$211	1
Mental Health: Outpatient Care		90837		60 Minutes	1,361	6,213	\$778,555	\$572	\$125	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	6	7	\$2,128	\$355	\$304	1
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	67	71	\$21,053	\$314	\$297	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	10	12	\$2,314	\$231	\$193	1
Therapy-Family Therapy		90846		Encounter	1	9	\$2,603	\$2,603	\$289	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	40	78	\$7,092	\$177	\$91	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	426	3,407	\$151,171	\$355	\$44	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	36	65	\$21,081	\$586	\$324	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	3	9	\$2,185	\$728	\$243	3
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	446	3,631	\$431,806	\$968	\$119	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$69	\$69	\$69	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	3	3	\$654	\$218	\$218	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	113	114	\$13,170	\$117	\$116	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	66	66	\$14,829	\$225	\$225	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	102	248	\$22,137	\$217	\$89	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	419	650	\$37,778	\$90	\$58	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,857	5,358	\$423,408	\$228	\$79	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	2,051	8,533	\$1,303,654	\$636	\$153	4
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	310	441	\$114,344	\$369	\$259	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$83	\$83	\$83	1
Additional Codes-Physician Services		99222		50 Minutes	6	7	\$778	\$130	\$111	1
Additional Codes-Physician Services		99223		70 Minutes	21	24	\$3,943	\$188	\$164	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	12	36	\$1,150	\$96	\$32	3
Additional Codes-Physician Services		99232		25 minutes	46	263	\$15,329	\$333	\$58	6
Additional Codes-Physician Services		99233		35 Minutes	9	14	\$1,179	\$131	\$84	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	2	2	\$148	\$74	\$74	1
Nursing Facility Services evaluation and management		99305		35 Minutes	7	7	\$737	\$105	\$105	1
Nursing Facility Services evaluation and management		99306		45 Minutes	8	9	\$1,205	\$151	\$134	1
Nursing Facility Services evaluation and management		99307		10 Minutes	25	37	\$1,336	\$53	\$36	1
Nursing Facility Services evaluation and management		99308		15 Minutes	62	82	\$4,584	\$74	\$56	1
Nursing Facility Services evaluation and management		99309		25 minutes	48	83	\$6,110	\$127	\$74	2
Nursing Facility Services evaluation and management		99310		35 Minutes	5	6	\$657	\$131	\$110	1
Assessment		99324		Encounter	1	4	\$2,236	\$2,236	\$559	4
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	6	\$60	\$60	\$10	6

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	1	1	\$16	\$16	\$16	1
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	7	62	\$3,984	\$569	\$64	9
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	44	46	\$3,232	\$73	\$70	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	345	2,989	\$703,794	\$2,040	\$235	9
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	4,170	4,900	\$1,078,917	\$259	\$220	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		12	12	\$6,357	\$530	\$530	1
Treatment Planning		H0032		Encounter	2,458	3,547	\$500,769	\$204	\$141	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,064	1,474	\$157,946	\$148	\$107	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	123	1,264	\$82,725	\$673	\$65	10
Home Based Services		H0036		15 Minutes	83	8,685	\$695,627	\$8,381	\$80	105
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	949	9,368	\$411,148	\$433	\$44	10
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	163	20,462	\$1,689,038	\$10,362	\$83	126
Community Living Supports in Independent living/own home		H0043		Per diem	81	20,697	\$1,622,171	\$20,027	\$78	256
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	24	150	\$12,046	\$502	\$80	6
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	20	177	\$25,751	\$1,288	\$145	9
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	315	989	\$87,042	\$276	\$88	3
Substance Use Disorder: 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	85	146,608	\$370,392	\$4,358	\$3	1,725
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	79	\$197	\$197	\$2	79
Community Living Supports (15 Minutes)		H2015		15 Minutes	121	129,304	\$452,041	\$3,736	\$3	1,069
Community Living Supports (Daily)		H2016		Per Diem	249	74,713	\$7,769,137	\$31,201	\$104	300
Behavior Services		H2019		15 Minutes	76	2,941	\$239,124	\$3,146	\$81	39
Behavior Services		H2019	TT	15 Minutes	51	6,871	\$117,052	\$2,295	\$17	135
Wraparound		H2021		15 Minutes	3	103	\$8,249	\$2,750	\$80	34
Wraparound (SED Waiver)		H2022		Days	2	21	\$7,437	\$3,719	\$354	11

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Macomb**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	8	4,674	\$10,238	\$1,280	\$2	584
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	123	196,913	\$1,237,023	\$10,057	\$6	1,601
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	1	12	\$482	\$482	\$40	12
Family Training		S5111		Encounter	4	23	\$3,535	\$884	\$154	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	5	48	\$8,972	\$1,794	\$187	10
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$40	\$40	\$40	1
Personal Emergency Response System (PERS)		S5161		Month	1	1	\$30	\$30	\$30	1
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	272	1,735	\$468,025	\$1,721	\$270	6
Health Services		S9446		Encounter	30	152	\$0	\$0	\$0	5
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2	2	\$955	\$478	\$478	1
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	360	373	\$107,131	\$298	\$287	1
Health Services		T1002		Up to 15 min	399	1,451	\$109,152	\$274	\$75	4
Respite Care		T1005		15 Minutes	13	13,906	\$47,696	\$3,669	\$3	1,070

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	3	4	\$579	\$193	\$145	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	289	3,522	\$298,742	\$1,034	\$85	12
Targeted Case Management		T1017		15 minutes	3,084	73,266	\$5,295,714	\$1,717	\$72	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	92	3,175	\$294,339	\$3,199	\$93	35
Personal Care in Licensed Specialized Residential Setting		T1020		Days	249	74,672	\$4,510,797	\$18,116	\$60	300
Assessments		T1023		Encounter	106	117	\$19,718	\$186	\$169	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	9	75	\$9,204	\$1,023	\$123	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	48	94	\$18,829	\$392	\$200	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					3	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			3	0	\$88	\$29	\$0	0
<b>Total Population and Cost</b>					<b>7,668</b>		<b>\$46,254,836</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	9	51	\$43,020	\$4,780	\$844	6
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	33	190	\$174,654	\$5,293	\$919	6
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$14,050	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$79,407	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Manistee-Benzie (Centra Wellness)

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	1	6	\$2,370	\$2,370	\$395	6
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 - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	89	90	\$95,154	\$1,069	\$1,057	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$641	\$641	\$641	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	82	127	\$14,910	\$182	\$117	2
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	137	338	\$59,678	\$436	\$177	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	382	2,214	\$471,036	\$1,233	\$213	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	1	\$615	\$615	\$615	1
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	4	\$981	\$491	\$245	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	17	41	\$13,534	\$796	\$330	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	29	\$4,111	\$1,028	\$142	7
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	29	218	\$43,637	\$1,505	\$200	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	4	10	\$2,026	\$507	\$203	3
Assessment or Health Services		97803		15 Minutes	4	37	\$6,820	\$1,705	\$184	9
Health Services		97804		30 Minutes	2	2	\$514	\$257	\$257	1
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	1	1	\$356	\$356	\$356	1
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	48	61	\$23,011	\$479	\$377	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	3	3	\$1,334	\$445	\$445	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	113	403	\$90,842	\$804	\$225	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	218	919	\$336,035	\$1,541	\$366	4
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	29	31	\$21,293	\$734	\$687	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Manistee-Benzie (Centra Wellness)

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	4	4	\$2,498	\$625	\$625	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	2	6	\$2,388	\$1,194	\$398	3
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	22	\$3,479	\$1,740	\$158	11
Assessment		H0031		Encounter	468	510	\$198,834	\$425	\$390	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	254	282	\$64,388	\$253	\$228	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	3	\$2,034	\$678	\$678	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	31	231	\$53,169	\$1,715	\$230	7
Home Based Services		H0036		15 Minutes	9	565	\$50,901	\$5,656	\$90	63
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	81	7,749	\$284,380	\$3,511	\$37	96
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	39	4,783	\$420,443	\$10,781	\$88	123
Community Living Supports in Independent living/own home		H0043		Per diem	5	1,365	\$228,640	\$45,728	\$168	273
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	81	291	\$108,906	\$1,345	\$374	4
Substance Use Disorder: 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	7	1,061	\$30,018	\$4,288	\$28	152
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	58	17,499	\$156,708	\$2,702	\$9	302
Community Living Supports (Daily)		H2016		Per Diem	5	931	\$83,944	\$16,789	\$90	186
Behavior Services		H2019		15 Minutes	27	1,413	\$66,332	\$2,457	\$47	52
Behavior Services		H2019	TT	15 Minutes	30	2,549	\$162,290	\$5,410	\$64	85
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Manistee-Benzie (Centra Wellness)

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	23	1,939	\$99,682	\$4,334	\$51	84
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	61	61	\$45,162	\$740	\$740	1
Health Services		T1002		Up to 15 min	34	738	\$127,923	\$3,762	\$173	22
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Manistee-Benzie (Centra Wellness)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	16	\$1,842	\$1,842	\$115	16
Targeted Case Management		T1017		15 minutes	184	5,800	\$606,668	\$3,297	\$105	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	4	\$176	\$176	\$44	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	930	\$74,469	\$14,894	\$80	186
Assessments		T1023		Encounter	73	90	\$46,565	\$638	\$517	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	12	\$1,272	\$1,272	\$106	12
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>748</b>		<b>\$4,423,140</b>			



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Monroe**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	27	245	\$190,201	\$7,044	\$776	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	161	1,175	\$893,071	\$5,547	\$760	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	28	\$29,776	\$29,776	\$1,063	28
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	1	\$382	\$382	\$382	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Monroe**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	8	8	\$1,586	\$198	\$198	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	205	207	\$48,289	\$236	\$233	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	160	537	\$75,524	\$472	\$141	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	155	881	\$162,227	\$1,047	\$184	6
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	59	257	\$77,658	\$1,316	\$302	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	25	\$5,135	\$1,712	\$205	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Monroe**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	25	346	\$83,812	\$3,352	\$242	14
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$96	\$96	\$96	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	25	\$4,087	\$817	\$163	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	76	756	\$350,928	\$4,617	\$464	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	4	\$1,670	\$835	\$418	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	23	44	\$17,747	\$772	\$403	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	15	15	\$3,267	\$218	\$218	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Monroe**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	205	402	\$28,880	\$141	\$72	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	547	2,008	\$319,352	\$584	\$159	4
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	67	120	\$26,023	\$388	\$217	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	44	1,321	\$56,380	\$1,281	\$43	30
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	844	1,294	\$127,136	\$151	\$98	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		41	43	\$3,483	\$85	\$81	1
Treatment Planning		H0032		Encounter	5	8	\$10,635	\$2,127	\$1,329	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	6	805	\$42,287	\$7,048	\$53	134
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	95	4,962	\$95,469	\$1,005	\$19	52
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	62	7,601	\$579,728	\$9,350	\$76	123
Community Living Supports in Independent living/own home		H0043		Per diem	21	1,942	\$356,415	\$16,972	\$184	92
Respite		H0045		Days	1	10	\$1,055	\$1,055	\$106	10
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	213	639	\$77,760	\$365	\$122	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	2,587	\$7,921	\$1,584	\$3	517
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	25	123,510	\$400,172	\$16,007	\$3	4,940
Community Living Supports (Daily)		H2016		Per Diem	9	2,490	\$318,869	\$35,430	\$128	277
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Monroe**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	34	1,088	\$31,389	\$923	\$29	32
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	25	33,084	\$277,244	\$11,090	\$8	1,323
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	8	72	\$9,595	\$1,199	\$133	9
Family Training		S5111	HA	Encounter	1	1	\$99	\$99	\$99	1
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$1,224	\$1,224	\$1,224	1
Personal Emergency Response System (PERS)		S5161		Month	2	19	\$31,549	\$15,774	\$1,660	10
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	33	2,577	\$38,294	\$1,160	\$15	78
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	4	12	\$3,376	\$844	\$281	3
Respite Care		T1005		15 Minutes	4	700	\$2,667	\$667	\$4	175



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	101	\$6,597	\$1,100	\$65	17
Targeted Case Management		T1017		15 minutes	486	10,145	\$649,381	\$1,336	\$64	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	3	\$51	\$26	\$17	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	2,491	\$320,816	\$35,646	\$129	277
Assessments		T1023		Encounter	294	408	\$87,846	\$299	\$215	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	8	\$873	\$873	\$109	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,533</b>		<b>\$5,858,018</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	19	202	\$171,722	\$9,038	\$850	11
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	3	79	\$2,758	\$919	\$35	26
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	3	41	\$38,184	\$12,728	\$931	14
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	11	134	\$17,180	\$1,562	\$128	12
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	38	217	\$247,969	\$6,526	\$1,143	6
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	7	73	\$8,297	\$1,185	\$114	10
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	63	527	\$479,618	\$7,613	\$910	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	9	85	\$11,626	\$1,292	\$137	9
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	16	\$14,201	\$14,201	\$888	16
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	6	\$877	\$439	\$146	3

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Montcalm**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	95	95	\$105,488	\$1,110	\$1,110	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	2	2	\$2,345	\$1,172	\$1,172	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	156	230	\$18,446	\$118	\$80	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	272	670	\$88,835	\$327	\$133	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	366	1,373	\$226,325	\$618	\$165	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	4	208	\$4,393	\$1,098	\$21	52
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	\$340	\$113	\$113	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	45	264	\$29,674	\$659	\$112	6
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$911	\$911	\$911	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	2	\$340	\$170	\$170	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	205	663	\$167,487	\$817	\$253	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	185	569	\$223,879	\$1,210	\$393	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	8	9	\$5,911	\$739	\$657	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$408	\$204	\$204	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$331	\$331	\$331	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	3	15	\$1,060	\$353	\$71	5
Additional Codes-Physician Services		99232		25 minutes	1	2	\$230	\$230	\$115	2
Additional Codes-Physician Services		99233		35 Minutes	1	2	\$344	\$344	\$172	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	3	3	\$594	\$198	\$198	1
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	1	1	\$71	\$71	\$71	1
Assessment		99336		Encounter	25	59	\$11,881	\$475	\$201	2
Assessment		99337		Encounter	3	3	\$822	\$274	\$274	1
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	5	17	\$4,359	\$872	\$256	3
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	293	309	\$15,713	\$54	\$51	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	3	23	\$9,174	\$3,058	\$399	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	579	639	\$115,266	\$199	\$180	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$876	\$876	\$876	1
Treatment Planning		H0032		Encounter	439	660	\$84,381	\$192	\$128	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5	26	\$3,979	\$796	\$153	5
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	20	40	\$4,490	\$225	\$112	2
Home Based Services		H0036		15 Minutes	52	4,566	\$7,114	\$137	\$2	88
Home Based Services		H0036	ST	15 Minutes	2	26	\$1,639	\$819	\$63	13
Peer Directed and Operated Support Services		H0038		15 minutes	1,426	6,062	\$298,885	\$210	\$49	4
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	33	4,972	\$367,481	\$11,136	\$74	151
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	1	135	\$28,600	\$28,600	\$212	135
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	8	22	\$3,838	\$480	\$174	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	9	69	\$12,038	\$1,338	\$174	8
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	29	147	\$21,146	\$729	\$144	5
Substance Use Disorder: 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	40	784	\$13,249	\$331	\$17	20
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	62	5,897	\$122,876	\$1,982	\$21	95
Community Living Supports (Daily)		H2016		Per Diem	25	6,064	\$972,374	\$38,895	\$160	243
Behavior Services		H2019		15 Minutes	33	1,510	\$68,479	\$2,075	\$45	46
Behavior Services		H2019	TT	15 Minutes	24	2,459	\$111,516	\$4,646	\$45	102
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	69	36,812	\$313,012	\$4,536	\$9	534
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	42	31,744	\$258,396	\$6,152	\$8	756
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	3	48	\$2,119	\$706	\$44	16
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$112	\$112	\$112	1
Health Services		S9446		Encounter	1	12	\$528	\$528	\$44	12
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	56	56	\$18,617	\$332	\$332	1
Health Services		T1002		Up to 15 min	62	1,208	\$134,635	\$2,172	\$111	19
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	32	\$3,420	\$570	\$107	5
Targeted Case Management		T1017		15 minutes	207	6,463	\$678,865	\$3,280	\$105	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	5,896	\$211,904	\$8,476	\$36	236
Assessments		T1023		Encounter	180	228	\$163,515	\$908	\$717	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>999</b>		<b>\$5,935,137</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	46	669	\$587,838	\$12,779	\$879	15
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	14	165	\$16,912	\$1,208	\$102	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	225	1,843	\$1,621,186	\$7,205	\$880	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	89	880	\$151,594	\$1,703	\$172	10
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	15	\$12,529	\$12,529	\$835	15
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	11	\$4,703	\$4,703	\$428	11
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	8	46	\$11,928	\$1,491	\$259	6

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Muskegon (HealthWest)

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	437	448	\$82,696	\$189	\$185	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	3	3	\$1,193	\$398	\$398	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	119	223	\$14,603	\$123	\$65	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	134	395	\$34,596	\$258	\$88	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	447	2,507	\$389,396	\$871	\$155	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	103	139	\$28,485	\$277	\$205	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	7	13	\$938	\$134	\$72	2
Therapy-Family Therapy		90846		Encounter	1	1	\$255	\$255	\$255	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	20	\$2,907	\$485	\$145	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	106	662	\$39,023	\$368	\$59	6
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	11	\$9,707	\$9,707	\$882	11
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	2	2	\$150	\$75	\$75	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	43	94	\$20,857	\$485	\$222	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	277	2,335	\$12,866	\$46	\$6	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	2	2	\$103	\$52	\$52	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	7	7	\$871	\$124	\$124	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$158	\$158	\$158	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$468	\$234	\$234	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	100	183	\$9,387	\$94	\$51	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	302	493	\$21,218	\$70	\$43	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	624	1,149	\$82,224	\$132	\$72	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	648	1,092	\$111,892	\$173	\$102	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	481	964	\$139,244	\$289	\$144	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$109	\$109	\$109	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	2	8	\$780	\$390	\$97	4
Additional Codes-Physician Services		99233		35 Minutes	2	8	\$482	\$241	\$60	4
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	10	24	\$336	\$34	\$14	2
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	16	59	\$6,735	\$421	\$114	4
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	886	982	\$134,322	\$152	\$137	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	355	2,290	\$1,326,729	\$3,737	\$579	6
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	680	728	\$211,089	\$310	\$290	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	233	295	\$70,359	\$302	\$239	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	30	1,547	\$303,605	\$10,120	\$196	52
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	217	3,853	\$334,836	\$1,543	\$87	18
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	2	12	\$958	\$479	\$80	6
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	71	8,779	\$703,223	\$9,905	\$80	124
Community Living Supports in Independent living/own home		H0043		Per diem	11	1,613	\$222,597	\$20,236	\$138	147
Respite		H0045		Days	1	4	\$955	\$955	\$239	4
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2	3	\$1,618	\$809	\$539	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	32	202	\$17,822	\$557	\$88	6
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	87	30,369	\$101,607	\$1,168	\$3	349
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	389	18,954	\$90,625	\$233	\$5	49
Community Living Supports (Daily)		H2016		Per Diem	59	15,347	\$2,299,313	\$38,971	\$150	260
Behavior Services		H2019		15 Minutes	1	21	\$1,939	\$1,939	\$92	21
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	15	\$868	\$434	\$58	8
Wraparound (SED Waiver)		H2022		Days	4	38	\$13,292	\$3,323	\$350	10

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	184	12,450	\$614,439	\$3,339	\$49	68
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	71	48,081	\$574,663	\$8,094	\$12	677
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	1	6	\$93	\$93	\$15	6
Family Training		S5111		Encounter	6	10	\$659	\$110	\$66	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	57	14,901	\$414,207	\$7,267	\$28	261
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$99	\$99	\$99	1
Health Services		T1002		Up to 15 min	206	1,886	\$322,969	\$1,568	\$171	9
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Muskegon (HealthWest)**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	4	5	\$715	\$179	\$143	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	56	357	\$22,736	\$406	\$64	6
Targeted Case Management		T1017		15 minutes	1,243	33,393	\$3,084,531	\$2,482	\$92	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	59	15,225	\$1,386,988	\$23,508	\$91	258
Assessments		T1023		Encounter	619	861	\$171,572	\$277	\$199	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	4	349	\$2,818	\$704	\$8	87
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	1	\$253	\$253	\$253	1
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	155	174	\$107,816	\$696	\$620	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>2,689</b>		<b>\$15,958,681</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Network180**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	613	7,686	\$3,874,916	\$6,321	\$504	13
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	11	170	\$17,630	\$1,603	\$104	15
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	1,181	12,152	\$9,657,529	\$8,177	\$795	10
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	3	24	\$27,495	\$9,165	\$1,146	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	12	206	\$165,049	\$13,754	\$801	17
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	210	1,057	\$244,031	\$1,162	\$231	5

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	4	4	\$1,551	\$388	\$388	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	435	439	\$165,020	\$379	\$376	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	693	2,081	\$307,745	\$444	\$148	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	894	5,278	\$896,779	\$1,003	\$170	6
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	385	1,237	\$477,387	\$1,240	\$386	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	1	1	\$680	\$680	\$680	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12	31	\$1,612	\$134	\$52	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Network180**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	102	1,067	\$109,376	\$1,072	\$103	10
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	2	\$1,043	\$348	\$522	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	349	2,114	\$147,961	\$424	\$70	6
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Network180**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	2	\$415	\$207	\$207	1
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$87	\$87	\$87	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	10	10	\$8,283	\$828	\$828	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	36	36	\$40,541	\$1,126	\$1,126	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	47	47	\$27,526	\$586	\$586	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	20	22	\$45,713	\$2,286	\$2,078	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	23	26	\$10,853	\$472	\$417	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	354	483	\$36,442	\$103	\$75	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,996	4,903	\$1,160,992	\$582	\$237	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,240	2,306	\$590,803	\$476	\$256	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	298	332	\$82,634	\$277	\$249	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	4	4	\$466	\$117	\$117	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$233	\$117	\$117	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	5	31	\$2,495	\$499	\$80	6
Additional Codes-Physician Services		99232		25 minutes	8	28	\$3,262	\$408	\$117	4
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	16	19	\$1,426	\$89	\$75	1



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	12	17	\$1,870	\$156	\$110	1
Assessment		99336		Encounter	3	4	\$592	\$197	\$148	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	74	2,115	\$7,325	\$99	\$3	29
Additional Codes-Transportation		A0427		Refer to code descriptions.	4	4	\$813	\$203	\$203	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	11	97	\$13,253	\$1,205	\$137	9
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	1	1	\$91	\$91	\$91	1
Assessment		H0002		Encounter	1,816	2,048	\$408,132	\$225	\$199	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Network180**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	599	4,799	\$1,922,294	\$3,209	\$401	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	201	\$239,990	\$239,990	\$1,194	201
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	215	216	\$27,540	\$128	\$127	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		11	11	\$11,564	\$1,051	\$1,051	1
Treatment Planning		H0032		Encounter	21	29	\$28,957	\$1,379	\$999	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	5	\$616	\$308	\$123	3
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	3	61	\$2,594	\$865	\$43	20
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	624	15,153	\$423,007	\$678	\$28	24
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	1	5	\$79	\$79	\$16	5
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	312	52,254	\$3,034,962	\$9,727	\$58	167
Community Living Supports in Independent living/own home		H0043		Per diem	116	2,209	\$433,973	\$3,741	\$196	19
Respite		H0045		Days	6	94	\$15,907	\$2,651	\$169	16
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	10	20	\$2,296	\$230	\$115	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	4	\$1,309	\$1,309	\$327	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	286	2,323	\$527,292	\$1,844	\$227	8
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	17,417	\$55,439	\$5,040	\$3	1,583
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	50	51,901	\$237,079	\$4,742	\$5	1,038
Community Living Supports (Daily)		H2016		Per Diem	279	78,147	\$8,737,151	\$31,316	\$112	280
Behavior Services		H2019		15 Minutes	1	8	\$220	\$220	\$28	8
Behavior Services		H2019	TT	15 Minutes	1	8	\$88	\$88	\$11	8
Wraparound		H2021		15 Minutes	4	63	\$4,314	\$1,078	\$68	16
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Network180**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	227	14,420	\$493,576	\$2,174	\$34	64
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	156	162,800	\$584,180	\$3,745	\$4	1,044
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	9	162	\$2,248	\$250	\$14	18
Family Training		S5111		Encounter	2	3	\$197	\$98	\$66	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	28	\$8,195	\$8,195	\$293	28
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	36	73	\$4,456	\$124	\$61	2
Health Services		S9446		Encounter	21	106	\$1,813	\$86	\$17	5
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	27	1,402	\$52,708	\$1,952	\$38	52
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	599	4,769	\$129,810	\$217	\$27	8
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	70	71	\$14,744	\$211	\$208	1
Health Services		T1002		Up to 15 min	86	444	\$19,023	\$221	\$43	5
Respite Care		T1005		15 Minutes	3	1,002	\$3,829	\$1,276	\$4	334

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	8	13	\$1,180	\$147	\$91	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	68	1,887	\$237,867	\$3,498	\$126	28
Targeted Case Management		T1017		15 minutes	2,692	72,089	\$5,084,655	\$1,889	\$71	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	64	375	\$184,723	\$2,886	\$493	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	257	69,865	\$2,142,192	\$8,335	\$31	272
Assessments		T1023		Encounter	1,037	1,308	\$169,153	\$163	\$129	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	51	232	\$19,367	\$380	\$83	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	3	\$143	\$143	\$48	3
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	30	34	\$25,553	\$852	\$752	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>6,750</b>		<b>\$43,426,337</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Newaygo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	22	177	\$163,503	\$7,432	\$924	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	10	129	\$16,645	\$1,665	\$129	13
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	36	274	\$274,989	\$7,639	\$1,004	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	11	111	\$18,422	\$1,675	\$166	10
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	14	\$11,777	\$5,889	\$841	7
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Newaygo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	1	1	\$458	\$458	\$458	1
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 - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	114	114	\$98,970	\$868	\$868	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	64	101	\$12,451	\$195	\$123	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	292	1,276	\$211,404	\$724	\$166	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	369	2,088	\$496,265	\$1,345	\$238	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	8	\$1,827	\$609	\$228	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Newaygo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	15	138	\$18,363	\$1,224	\$133	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	12	55	\$16,633	\$1,386	\$302	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	48	505	\$37,952	\$791	\$75	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	206	612	\$112,399	\$546	\$184	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	325	1,302	\$346,345	\$1,066	\$266	4
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	8	10	\$4,356	\$545	\$436	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	117	117	\$20,335	\$174	\$174	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Newaygo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	24	98	\$51,958	\$2,165	\$530	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$144,748	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	544	653	\$170,695	\$314	\$261	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	405	517	\$101,360	\$250	\$196	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	10	\$1,035	\$345	\$103	3
Home Based Services		H0036		15 Minutes	4	310	\$33,273	\$8,318	\$107	78
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	18	908	\$33,743	\$1,875	\$37	50
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	4	508	\$70,978	\$17,744	\$140	127
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	4	\$785	\$785	\$196	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	87	234	\$17,211	\$198	\$74	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	16	10,639	\$40,166	\$2,510	\$4	665
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	17	8,377	\$36,548	\$2,150	\$4	493
Community Living Supports (Daily)		H2016		Per Diem	9	2,880	\$304,823	\$33,869	\$106	320
Behavior Services		H2019		15 Minutes	36	1,201	\$81,347	\$2,260	\$68	33
Behavior Services		H2019	TT	15 Minutes	28	2,231	\$76,621	\$2,736	\$34	80
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Newaygo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	16	3,840	\$71,394	\$4,462	\$19	240
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	17	\$4,694	\$1,565	\$276	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	1	19	\$3,720	\$3,720	\$196	19
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	28	101	\$11,278	\$403	\$112	4
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Newaygo</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	\$0	\$0	\$0	0	
Targeted Case Management		T1017		15 minutes	553	13,426	\$1,389,439	\$2,513	\$103	24	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	14	\$1,438	\$719	\$103	7	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	2,880	\$238,455	\$26,495	\$83	320	
Assessments		T1023		Encounter	136	173	\$68,702	\$505	\$397	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	5	38	\$4,163	\$833	\$110	8	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>1,121</b>		<b>\$4,821,669</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	47	521	\$491,106	\$10,449	\$943	11
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	16	180	\$15,964	\$998	\$89	11
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	10	136	\$112,543	\$11,254	\$828	14
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	234	1,866	\$1,553,048	\$6,637	\$832	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	63	686	\$140,586	\$2,232	\$205	11
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				17	93	\$35,132	\$2,067	\$378	5
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

North Country										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	115	116	\$65,836	\$572	\$568	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	112	216	\$19,556	\$175	\$91	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	602	2,743	\$409,547	\$680	\$149	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	189	586	\$100,542	\$532	\$172	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$147	\$147	\$147	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	8	15	\$2,500	\$313	\$167	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	63	458	\$39,303	\$624	\$86	7
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	24	\$2,650	\$883	\$110	8
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	280	707	\$83,455	\$298	\$118	3
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

North Country										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$139	\$139	\$139	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	324	747	\$113,564	\$351	\$152	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	2	\$365	\$183	\$183	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	11	26	\$2,538	\$231	\$98	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	391	860	\$235,613	\$603	\$274	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	42	55	\$18,723	\$446	\$340	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$305	\$153	\$153	1
Additional Codes-Physician Services		99222		50 Minutes	5	5	\$1,591	\$318	\$318	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$107	\$107	\$107	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	22	61	\$4,249	\$193	\$70	3
Additional Codes-Physician Services		99232		25 minutes	18	22	\$1,393	\$77	\$63	1
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$105	\$105	\$105	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

North Country										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$336	\$168	\$168	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	35	624	\$388,416	\$11,098	\$622	18
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	898	943	\$381,564	\$425	\$405	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	796	1,192	\$313,326	\$394	\$263	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	72	164	\$26,694	\$371	\$163	2
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	75	658	\$59,162	\$789	\$90	9
Home Based Services		H0036		15 Minutes	3	645	\$49,072	\$16,357	\$76	215
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	94	12,573	\$897,555	\$9,548	\$71	134
Community Living Supports in Independent living/own home		H0043		Per diem	18	3,949	\$529,082	\$29,393	\$134	219
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	22	\$3,773	\$3,773	\$172	22
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	588	2,194	\$112,540	\$191	\$51	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	17	17,443	\$73,821	\$4,342	\$4	1,026
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	77	48,312	\$248,593	\$3,228	\$5	627
Community Living Supports (Daily)		H2016		Per Diem	127	9,843	\$1,872,744	\$14,746	\$190	78
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	83	\$8,286	\$8,286	\$100	83
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

North Country										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	71	10,666	\$228,395	\$3,217	\$21	150
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	164	180,216	\$1,109,411	\$6,765	\$6	1,099
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	10	\$692	\$692	\$69	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	14	20	\$2,190	\$156	\$110	1
Health Services		S9446		Encounter	8	31	\$1,689	\$211	\$54	4
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	28	1,361	\$139,374	\$4,978	\$102	49
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	145	1,643	\$120,701	\$832	\$73	11
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	17	18	\$3,764	\$221	\$209	1
Health Services		T1002		Up to 15 min	11	36	\$2,479	\$225	\$69	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>North Country</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	127	1,039	\$93,039	\$733	\$90	8	
Targeted Case Management		T1017		15 minutes	295	10,330	\$731,361	\$2,479	\$71	35	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	35	987	\$117,518	\$3,358	\$119	28	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	127	9,606	\$268,651	\$2,115	\$28	76	
Assessments		T1023		Encounter	337	458	\$159,241	\$473	\$348	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	4	38	\$5,291	\$1,323	\$139	10	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>2,027</b>		<b>\$11,399,367</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	2	25	\$23,686	\$11,843	\$947	13
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	1	8	\$922	\$922	\$115	8
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	120	800	\$689,463	\$5,746	\$862	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	44	308	\$43,368	\$986	\$141	7
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	11	\$8,088	\$4,044	\$735	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$92,204	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	2	2	\$497	\$248	\$248	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	162	162	\$137,346	\$848	\$848	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	63	79	\$5,881	\$93	\$74	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	309	1,192	\$123,123	\$398	\$103	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	172	523	\$69,953	\$407	\$134	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	2	\$211	\$106	\$106	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	22	278	\$15,253	\$693	\$55	13
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	18	\$5,617	\$1,404	\$312	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	51	405	\$27,631	\$542	\$68	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	137	137	\$47,470	\$346	\$346	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	2	\$5,456	\$2,728	\$2,728	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	64	206	\$22,431	\$350	\$109	3
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	3	3	\$24	\$8	\$8	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	9	13	\$1,715	\$191	\$132	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	777	2,292	\$624,433	\$804	\$272	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	136	185	\$72,452	\$533	\$392	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$307	\$154	\$154	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	6	\$441	\$221	\$74	3
Additional Codes-Physician Services		99232		25 minutes	1	1	\$80	\$80	\$80	1
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	31	31	\$4,146	\$134	\$134	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	13	123	\$49,242	\$3,788	\$400	9
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	60	2,134	\$105,112	\$1,752	\$49	36
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	645	705	\$252,069	\$391	\$358	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	546	720	\$115,985	\$212	\$161	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	139	178	\$24,985	\$180	\$140	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	2	\$281	\$281	\$141	2
Home Based Services		H0036		15 Minutes	1	46	\$3,024	\$3,024	\$66	46
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	46	3,649	\$107,289	\$2,332	\$29	79
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	48	8,032	\$514,459	\$10,718	\$64	167
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	3	\$572	\$572	\$191	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	315	1,263	\$56,046	\$178	\$44	4
Substance Use Disorder: 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	915	\$13,456	\$1,035	\$15	70
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	206	40,662	\$607,467	\$2,949	\$15	197
Community Living Supports (Daily)		H2016		Per Diem	23	5,846	\$893,483	\$38,847	\$153	254
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	76	\$15,305	\$15,305	\$201	76
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	115	4,831	\$239,364	\$2,081	\$50	42
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	68	63,778	\$413,631	\$6,083	\$6	938
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	5	\$7,001	\$7,001	\$1,400	5
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	3	\$164	\$164	\$55	3
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	8	242	\$15,908	\$1,988	\$66	30
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	3	3	\$640	\$213	\$213	1
Health Services		T1002		Up to 15 min	27	265	\$39,557	\$1,465	\$149	10
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Northeast Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	218	6,091	\$360,642	\$1,654	\$59	28
Targeted Case Management		T1017		15 minutes	293	12,837	\$749,971	\$2,560	\$58	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	26	497	\$57,158	\$2,198	\$115	19
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	5,876	\$61,436	\$2,671	\$10	255
Assessments		T1023		Encounter	278	452	\$99,717	\$359	\$221	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	6	54	\$627	\$105	\$12	9
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	1	\$751	\$751	\$751	1
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			2	11	\$2,264	\$1,132	\$206	6
Fiscal Intermediary Services		T2025		Month	20	153	\$25,835	\$1,292	\$169	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			5	0	\$1,006	\$201	\$0	0
<b>Total Population and Cost</b>					<b>1,421</b>		<b>\$6,856,648</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	38	287	\$242,380	\$6,378	\$845	8
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	18	212	\$22,779	\$1,266	\$107	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	283	2,437	\$2,181,214	\$7,707	\$895	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	57	493	\$79,905	\$1,402	\$162	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	15	93	\$61,534	\$4,102	\$662	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	7	\$15	\$15	\$2	7
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$24,249	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$26,321	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	17	\$14,373	\$7,187	\$845	9
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	30	197	\$75,831	\$2,528	\$385	7



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northern Lakes										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	303	306	\$217,120	\$717	\$710	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	179	259	\$30,319	\$169	\$117	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	1	1	\$51	\$51	\$51	1
Mental Health: Outpatient Care		90834		45 Minutes	649	3,502	\$549,473	\$847	\$157	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	71	133	\$31,138	\$439	\$234	2
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	2	\$322	\$322	\$161	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	26	149	\$23,647	\$910	\$159	6
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	120	942	\$104,130	\$868	\$111	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	9	12	\$2,687	\$299	\$224	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	56	\$12,612	\$901	\$225	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	148	1,178	\$198,014	\$1,338	\$168	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	1	1	\$239	\$239	\$239	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Northern Lakes</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	1	1	\$204	\$204	\$204	1
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$325	\$325	\$325	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	9	18	\$3,298	\$366	\$183	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	9	16	\$3,185	\$354	\$199	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	349	524	\$111,591	\$320	\$213	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,190	3,217	\$735,395	\$618	\$229	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	36	41	\$10,079	\$280	\$246	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	18	18	\$2,266	\$126	\$126	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	18	65	\$3,717	\$207	\$57	4
Additional Codes-Physician Services		99232		25 minutes	14	21	\$1,225	\$88	\$58	2
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northern Lakes										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	3	4	\$570	\$190	\$143	1
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	156	159	\$27,634	\$177	\$174	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northern Lakes										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	96	1,729	\$627,866	\$6,540	\$363	18
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$203,834	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	990	1,064	\$390,630	\$395	\$367	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		3	3	\$1,573	\$524	\$524	1
Treatment Planning		H0032		Encounter	956	1,350	\$507,743	\$531	\$376	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	8	31	\$8,646	\$1,081	\$279	4
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	10	577	\$44,051	\$4,405	\$76	58
Home Based Services		H0036	ST	15 Minutes	1	20	\$1,527	\$1,527	\$76	20
Peer Directed and Operated Support Services		H0038		15 minutes	94	5,608	\$143,201	\$1,523	\$26	60
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	147	23,062	\$2,164,284	\$14,723	\$94	157
Community Living Supports in Independent living/own home		H0043		Per diem	2	376	\$48,698	\$24,349	\$130	188
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	16	64	\$12,017	\$751	\$188	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	15	97	\$12,935	\$862	\$133	6
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,741	8,153	\$788,029	\$453	\$97	5
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	17	18,872	\$60,142	\$3,538	\$3	1,110
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	1,147	\$3,766	\$3,766	\$3	1,147
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	33,260	\$182,215	\$3,877	\$5	708
Community Living Supports (Daily)		H2016		Per Diem	109	24,012	\$2,486,601	\$22,813	\$104	220
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	16	\$1,222	\$1,222	\$76	16
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	9	9,834	\$41,702	\$4,634	\$4	1,093
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	155	145,459	\$806,964	\$5,206	\$6	938
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	8	\$1,450	\$1,450	\$181	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	9	367	\$28,018	\$3,113	\$76	41
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	219	219	\$57,328	\$262	\$262	1
Health Services		T1002		Up to 15 min	5	614	\$15,594	\$3,119	\$25	123
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Northern Lakes</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	23	307	\$27,322	\$1,188	\$89	13	
Targeted Case Management		T1017		15 minutes	754	23,653	\$2,055,117	\$2,726	\$87	31	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	63	1,016	\$89,148	\$1,415	\$88	16	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	110	24,366	\$1,285,546	\$11,687	\$53	222	
Assessments		T1023		Encounter	1,263	1,862	\$835,923	\$662	\$449	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	115	136	\$67,018	\$583	\$493	1	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	1	12	\$1,591	\$1,591	\$133	12	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>3,591</b>		<b>\$17,799,543</b>				



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	4	53	\$65,384	\$16,346	\$1,234	13
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	1	7	\$9,263	\$9,263	\$1,323	7
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	46	519	\$464,128	\$10,090	\$894	11
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	4	51	\$4,823	\$1,206	\$95	13
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	87	91	\$40,269	\$463	\$443	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	100	102	\$72,438	\$724	\$710	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	105	328	\$29,992	\$286	\$91	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	129	432	\$61,004	\$473	\$141	3
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	157	796	\$157,971	\$1,006	\$198	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	10	\$1,670	\$557	\$167	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	17	\$3,394	\$566	\$200	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	2	9	\$1,972	\$986	\$219	5
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	37	461	\$86,994	\$2,351	\$189	12
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$92	\$92	\$92	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	45	\$4,787	\$1,197	\$106	11
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	89	764	\$92,487	\$1,039	\$121	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	7	38	\$1,521	\$217	\$40	5
Assessment or Health Services		97803		15 Minutes	4	32	\$1,281	\$320	\$40	8
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$277	\$277	\$277	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$555	\$555	\$555	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	11	99	\$8,942	\$813	\$90	9
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	10	14	\$1,834	\$183	\$131	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	254	776	\$99,936	\$393	\$129	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	319	998	\$227,779	\$714	\$228	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	114	151	\$63,612	\$558	\$421	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$300	\$300	\$300	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$300	\$300	\$300	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	1	\$300	\$300	\$300	1
Additional Codes-Physician Services		99232		25 minutes	1	1	\$300	\$300	\$300	1
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	2	6	\$454	\$227	\$76	3

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	1	1	\$1,387	\$1,387	\$1,387	1
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	12	56	\$14,460	\$1,205	\$258	5
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	29	29	\$7,397	\$255	\$255	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	6	34	\$8,524	\$1,421	\$251	6
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	218	249	\$67,432	\$309	\$271	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	320	484	\$61,952	\$194	\$128	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	8	11	\$2,068	\$259	\$188	1
Home Based Services		H0036		15 Minutes	15	1,895	\$74,211	\$4,947	\$39	126
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	88	5,697	\$78,799	\$895	\$14	65
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$64,774	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	31	3,959	\$320,696	\$10,345	\$81	128
Community Living Supports in Independent living/own home		H0043		Per diem	3	963	\$117,808	\$39,269	\$122	321
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	4	\$289	\$289	\$72	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	15	\$4,222	\$4,222	\$281	15
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	436	3,149	\$172,535	\$396	\$55	7
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	58	58,980	\$315,071	\$5,432	\$5	1,017
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	59	14,034	\$167,051	\$2,831	\$12	238
Community Living Supports (Daily)		H2016		Per Diem	11	3,424	\$460,107	\$41,828	\$134	311
Behavior Services		H2019		15 Minutes	35	1,166	\$63,900	\$1,826	\$55	33
Behavior Services		H2019	TT	15 Minutes	25	2,006	\$103,842	\$4,154	\$52	80
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	39	34,758	\$239,018	\$6,129	\$7	891
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	19	8,284	\$100,689	\$5,299	\$12	436
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	307	1,233	\$10,324	\$34	\$8	4
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	8	86	\$4,421	\$553	\$51	11
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	12	30	\$16,866	\$1,405	\$562	3
Health Services		S9446		Encounter	24	241	\$129,544	\$5,398	\$538	10
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	1	2	\$102	\$102	\$51	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	2	2	\$1,067	\$534	\$534	1
Health Services		T1002		Up to 15 min	37	121	\$11,712	\$317	\$97	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Northpointe</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	6	13	\$2,568	\$428	\$198	2	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	549	13,521	\$750,357	\$1,367	\$55	25	
Targeted Case Management		T1017		15 minutes	50	2,339	\$129,804	\$2,596	\$55	47	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	56	\$3,108	\$444	\$55	8	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	3,424	\$97,566	\$8,870	\$28	311	
Assessments		T1023		Encounter	116	168	\$96,911	\$835	\$577	1	
Prevention Services - Direct Model		T1027		15 Minutes	3	22	\$156	\$52	\$7	7	
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	12	\$504	\$504	\$42	12	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$11,198	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>1,058</b>		<b>\$5,216,496</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	790	7,005	\$3,636,460	\$4,603	\$519	9
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	16	120	\$42,093	\$2,631	\$351	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	594	6,766	\$4,318,618	\$7,270	\$638	11
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	81	589	\$94,673	\$1,169	\$161	7
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$43,254	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$300,481	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	1	1	\$331	\$331	\$331	1
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	3,164	4,135	\$1,295,246	\$409	\$313	1
Substance Use: Assessment		90791	HF	Encounter	24	25	\$3,515	\$146	\$141	1
Assessment		90792		Encounter	844	854	\$412,560	\$489	\$483	1
Substance Use: Assessment		90792	HF	Encounter	52	56	\$7,622	\$147	\$136	1
Mental Health: Outpatient Care		90832		30 Minutes	402	736	\$90,693	\$226	\$123	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,007	3,394	\$623,730	\$619	\$184	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	1,033	4,818	\$1,000,872	\$969	\$208	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	3	\$1,051	\$525	\$350	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	1	3	\$85	\$85	\$28	3
Therapy-Family Therapy		90847		Encounter	12	17	\$2,604	\$217	\$153	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	2	6	\$470	\$235	\$78	3
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	19	39	\$3,054	\$161	\$78	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	1,041	15,209	\$937,109	\$900	\$62	15
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	1,512	9,490	\$575,628	\$381	\$61	6
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Oakland</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	74	77	\$15,029	\$203	\$195	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	582	589	\$127,026	\$218	\$216	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	3	7	\$373	\$124	\$53	2
New Patient Evaluation and Management		99203		Encounter	175	175	\$32,135	\$184	\$184	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	199	200	\$60,430	\$304	\$302	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	551	559	\$174,987	\$318	\$313	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	436	453	\$66,606	\$153	\$147	1
Established Patient Evaluation and Management		99211		Encounter	426	601	\$45,277	\$106	\$75	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1,033	1,526	\$213,118	\$206	\$140	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	6,387	20,074	\$3,276,506	\$513	\$163	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	111	351	\$17,863	\$161	\$51	3
Established Patient Evaluation and Management		99214		Encounter	1,420	2,997	\$688,519	\$485	\$230	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	173	196	\$52,924	\$306	\$270	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	265	268	\$39,603	\$149	\$148	1
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	66	71	\$19,673	\$298	\$277	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	5	14	\$6,016	\$1,203	\$430	3
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	1,687	2,165	\$176,507	\$105	\$82	1
Assessment		H0002		Encounter	593	605	\$25,950	\$44	\$43	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	61	177	\$4,304	\$71	\$24	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	1,631	14,259	\$502,789	\$308	\$35	9
Substance Use Disorder: Case Management		H0006		Encounter	2	2	\$133	\$66	\$66	1
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	725	3,673	\$654,339	\$903	\$178	5
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	111	2,377	\$263,461	\$2,374	\$111	21

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	412	3,269	\$1,146,640	\$2,783	\$351	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	1,172	19,160	\$2,529,750	\$2,158	\$132	16
Substance Use Disorder: Residential	1002	H0019	HF	Days	104	3,138	\$166,694	\$1,603	\$53	30
Substance Use Disorder: Methadone		H0020		Encounter	1,114	252,609	\$2,601,898	\$2,336	\$10	227
Substance Use Disorder: Early Intervention		H0022		Encounter	11	36	\$2,083	\$189	\$58	3
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	10	\$383	\$192	\$38	5
Assessment		H0031		Encounter	4,259	5,668	\$2,227,214	\$523	\$393	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	4,058	6,337	\$963,198	\$237	\$152	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	40	1,235	\$9,757	\$244	\$8	31
Health Services		H0034		15 Minutes	2	2	\$256	\$128	\$128	1
Home Based Services		H0036		15 Minutes	14	631	\$34,551	\$2,468	\$55	45
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2,564	41,423	\$2,014,787	\$786	\$49	16
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	5	65	\$6,707	\$1,341	\$103	13
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	535	96,804	\$6,189,284	\$11,569	\$64	181
Community Living Supports in Independent living/own home		H0043		Per diem	100	23,845	\$2,438,343	\$24,383	\$102	238
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	30	\$861	\$287	\$29	10
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3,395	13,066	\$1,844,841	\$543	\$141	4
Substance Use Disorder: 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	104	81,600	\$363,373	\$3,494	\$4	785
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	106	147,965	\$624,682	\$5,893	\$4	1,396
Community Living Supports (Daily)		H2016		Per Diem	352	99,210	\$11,348,701	\$32,241	\$114	282
Behavior Services		H2019		15 Minutes	93	6,853	\$322,112	\$3,464	\$47	74
Behavior Services		H2019	TT	15 Minutes	65	5,368	\$246,781	\$3,797	\$46	83
Wraparound		H2021		15 Minutes	1	38	\$5,003	\$5,003	\$132	38
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	462	25,299	\$1,709,843	\$3,701	\$68	55
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	179	4,669	\$42,044	\$235	\$9	26
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	372	469,306	\$2,087,526	\$5,612	\$4	1,262
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	2,540	24,929	\$1,792,128	\$706	\$72	10
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	9	295	\$12,482	\$1,387	\$42	33
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	32	245	\$12,669	\$396	\$52	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2,489	4,127	\$234,468	\$94	\$57	2
Health Services		S9446		Encounter	15	106	\$10,220	\$681	\$96	7
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	412	3,269	\$511,713	\$1,242	\$157	8
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	223	226	\$41,473	\$186	\$184	1
Health Services		T1002		Up to 15 min	5,250	18,327	\$1,246,488	\$237	\$68	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	3	3	\$964	\$321	\$321	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	96	429	\$23,735	\$247	\$55	4
Targeted Case Management		T1017		15 minutes	9,153	254,184	\$19,201,263	\$2,098	\$76	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	10	169	\$9,559	\$956	\$57	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	352	99,091	\$7,365,892	\$20,926	\$74	282
Assessments		T1023		Encounter	2,096	2,962	\$2,101,815	\$1,003	\$710	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	16	153	\$13,992	\$875	\$91	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	691	2,776	\$1,553,214	\$2,248	\$560	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$46,117	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>15,019</b>		<b>\$92,959,223</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ottawa**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	41	373	\$309,991	\$7,561	\$831	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	40	470	\$49,671	\$1,242	\$106	12
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	132	1,138	\$964,500	\$7,307	\$848	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	81	902	\$124,599	\$1,538	\$138	11
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$67,131	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$203,280	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	22	\$16,173	\$5,391	\$735	7
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	39	170	\$60,771	\$1,558	\$357	4

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ottawa**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	42	61	\$14,596	\$348	\$239	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	191	191	\$78,907	\$413	\$413	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	124	227	\$25,449	\$205	\$112	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	233	873	\$141,184	\$606	\$162	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	298	1,946	\$604,855	\$2,030	\$311	7
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	10	12	\$711	\$71	\$59	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	1	\$27	\$27	\$27	1
Therapy-Family Therapy		90846		Encounter	4	9	\$4,564	\$1,141	\$507	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	15	124	\$20,049	\$1,337	\$162	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	15	113	\$12,530	\$835	\$111	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	1	\$119	\$119	\$119	1
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	30	\$3,948	\$1,316	\$132	10
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	135	1,071	\$51,903	\$384	\$48	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Ottawa										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	1	4	\$141	\$141	\$35	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	101	147	\$9,371	\$93	\$64	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ottawa**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	349	856	\$90,525	\$259	\$106	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	281	532	\$83,560	\$297	\$157	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	71	96	\$22,094	\$311	\$230	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	138	177	\$10,170	\$74	\$57	1
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	8	58	\$18,992	\$2,374	\$327	7
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	426	447	\$57,383	\$135	\$128	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ottawa**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	234	1,165	\$503,329	\$2,151	\$432	5
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	545	567	\$315,989	\$580	\$557	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$422	\$422	\$422	1
Treatment Planning		H0032		Encounter	487	694	\$111,605	\$229	\$161	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	80	91	\$13,477	\$168	\$148	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	8	\$917	\$917	\$115	8
Home Based Services		H0036		15 Minutes	7	521	\$47,194	\$6,742	\$91	74
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	56	2,640	\$193,339	\$3,452	\$73	47
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	56	7,918	\$905,615	\$16,172	\$114	141
Community Living Supports in Independent living/own home		H0043		Per diem	8	2,378	\$370,671	\$46,334	\$156	297
Respite		H0045		Days	4	18	\$11,708	\$2,927	\$650	5
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$67	\$67	\$67	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$134	\$134	\$134	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	548	1,692	\$380,312	\$694	\$225	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	17	38,586	\$139,879	\$8,228	\$4	2,270
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	42	39,229	\$194,463	\$4,630	\$5	934
Community Living Supports (Daily)		H2016		Per Diem	25	7,790	\$1,493,675	\$59,747	\$192	312
Behavior Services		H2019		15 Minutes	8	589	\$35,023	\$4,378	\$59	74
Behavior Services		H2019	TT	15 Minutes	7	1,003	\$28,116	\$4,017	\$28	143
Wraparound		H2021		15 Minutes	2	90	\$13,803	\$6,902	\$153	45
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Ottawa**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	4	411	\$4,053	\$1,013	\$10	103
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	86	103,088	\$632,946	\$7,360	\$6	1,199
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	4	24	\$2,671	\$668	\$111	6
Family Training		S5111		Encounter	4	22	\$3,739	\$935	\$170	6
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	200	997	\$31,217	\$156	\$31	5
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$214	\$214	\$214	1
Health Services		T1002		Up to 15 min	9	170	\$28,737	\$3,193	\$169	19
Respite Care		T1005		15 Minutes	1	32	\$233	\$233	\$7	32

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	69	\$8,747	\$2,916	\$127	23
Targeted Case Management		T1017		15 minutes	395	9,128	\$730,335	\$1,849	\$80	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	7,768	\$505,146	\$20,206	\$65	311
Assessments		T1023		Encounter	284	322	\$317,887	\$1,119	\$987	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	8	60	\$4,410	\$551	\$74	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	\$2,827	\$2,827	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,647</b>		<b>\$10,080,095</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	9	128	\$137,393	\$15,266	\$1,073	14
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	1	6	\$1,441	\$1,441	\$240	6
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	211	2,014	\$1,598,731	\$7,577	\$794	10
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	13	76	\$7,935	\$610	\$104	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$6,198	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$110,430	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	11	\$8,130	\$4,065	\$739	6
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	154	162	\$93,212	\$605	\$575	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	86	86	\$51,702	\$601	\$601	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	203	405	\$41,279	\$203	\$102	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	265	729	\$120,972	\$456	\$166	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	414	2,461	\$541,158	\$1,307	\$220	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	1	1	\$328	\$328	\$328	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	3	\$556	\$278	\$185	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	5	11	\$2,140	\$428	\$195	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	42	478	\$91,171	\$2,171	\$191	11
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	12	14	\$3,583	\$299	\$256	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	1	1	\$592	\$592	\$592	1
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	27	\$4,475	\$895	\$166	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	97	885	\$74,886	\$772	\$85	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	1	1	\$456	\$456	\$456	1
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	7	\$1,078	\$1,078	\$154	7
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	3	3	\$1,324	\$441	\$441	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	15	15	\$9,236	\$616	\$616	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	46	55	\$6,355	\$138	\$116	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	537	1,730	\$307,750	\$573	\$178	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	331	804	\$186,279	\$563	\$232	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	15	17	\$7,166	\$478	\$422	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$246	\$82	\$82	1
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$297	\$148	\$148	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	23	\$1,498	\$375	\$65	6
Additional Codes-Physician Services		99232		25 minutes	3	9	\$707	\$236	\$79	3
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$105	\$105	\$105	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$770	\$770	\$770	1



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	4	13	\$10,008	\$2,502	\$770	3
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	35	35	\$17,758	\$507	\$507	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	29	2,078	\$202,073	\$6,968	\$97	72
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	264	295	\$144,547	\$548	\$490	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	496	782	\$96,006	\$194	\$123	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	74	\$9,769	\$1,396	\$132	11
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	17	219	\$226,225	\$13,307	\$1,033	13
Home Based Services		H0036		15 Minutes	9	278	\$14,592	\$1,621	\$52	31
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	52	2,349	\$57,424	\$1,104	\$24	45
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	80	17,782	\$1,250,733	\$15,634	\$70	222
Community Living Supports in Independent living/own home		H0043		Per diem	2	729	\$216,892	\$108,446	\$298	365
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	7	13	\$16,927	\$2,418	\$1,302	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	6	29	\$37,761	\$6,294	\$1,302	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	643	4,158	\$356,341	\$554	\$86	6
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	46	29,597	\$119,486	\$2,598	\$4	643
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	106	23,885	\$60,986	\$575	\$3	225
Community Living Supports (Daily)		H2016		Per Diem	45	12,487	\$1,196,372	\$26,586	\$96	277
Behavior Services		H2019		15 Minutes	30	1,193	\$31,746	\$1,058	\$27	40
Behavior Services		H2019	TT	15 Minutes	25	2,327	\$126,263	\$5,051	\$54	93
Wraparound		H2021		15 Minutes	3	57	\$1,307	\$436	\$23	19
Wraparound (SED Waiver)		H2022		Days	2	23	\$26,203	\$13,101	\$1,139	12

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	59	9,782	\$82,951	\$1,406	\$8	166
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	11	2,391	\$137,243	\$12,477	\$57	217
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	284	751	\$9,876	\$35	\$13	3
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	8	8	\$6,425	\$803	\$803	1
Health Services		T1002		Up to 15 min	2	31	\$28,822	\$14,411	\$930	16
Respite Care		T1005		15 Minutes	1	88	\$395	\$395	\$4	88

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	234	4,500	\$494,460	\$2,113	\$110	19
Targeted Case Management		T1017		15 minutes	385	7,524	\$707,323	\$1,837	\$94	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	10	135	\$12,857	\$1,286	\$95	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	45	12,259	\$1,174,527	\$26,101	\$96	272
Assessments		T1023		Encounter	359	534	\$339,256	\$945	\$635	1
Prevention Services - Direct Model		T1027		15 Minutes	6	190	\$4,813	\$802	\$25	32
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,523</b>		<b>\$10,637,942</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Pines**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	1	17	\$7,360	\$7,360	\$433	17
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	83	651	\$473,519	\$5,705	\$727	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	16	\$13,324	\$6,662	\$833	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	129	129	\$69,429	\$538	\$538	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	26	38	\$4,403	\$169	\$116	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	152	298	\$45,214	\$297	\$152	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	299	1,335	\$252,081	\$843	\$189	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	8	\$1,973	\$329	\$247	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	17	200	\$13,003	\$765	\$65	12
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$331	\$331	\$331	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	16	162	\$18,251	\$1,141	\$113	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	2	7	\$207	\$103	\$30	4
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	6	6	\$995	\$166	\$166	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	381	1,100	\$173,345	\$455	\$158	3



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Pines**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	124	379	\$36,537	\$295	\$96	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	3	3	\$338	\$113	\$113	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	2	\$161	\$161	\$81	2
Additional Codes-Physician Services		99232		25 minutes	1	5	\$556	\$556	\$111	5
Additional Codes-Physician Services		99233		35 Minutes	2	6	\$620	\$310	\$103	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	528	545	\$101,271	\$192	\$186	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Pines**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	2	25	\$10,703	\$5,352	\$428	13
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	318	323	\$87,005	\$274	\$269	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	414	469	\$79,273	\$191	\$169	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	27	1,269	\$15,379	\$570	\$12	47
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$62,090	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	32	6,595	\$351,275	\$10,977	\$53	206
Community Living Supports in Independent living/own home		H0043		Per diem	1	344	\$69,055	\$69,055	\$201	344
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	133	601	\$47,218	\$355	\$79	5
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	58	13,975	\$101,916	\$1,757	\$7	241
Community Living Supports (Daily)		H2016		Per Diem	7	1,696	\$237,762	\$33,966	\$140	242
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	19	1,411	\$17,972	\$946	\$13	74
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	20	20,314	\$69,507	\$3,475	\$3	1,016
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	1	\$180	\$180	\$180	1
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	121	121	\$8,397	\$69	\$69	1
Health Services		T1002		Up to 15 min	385	1,046	\$73,240	\$190	\$70	3
Respite Care		T1005		15 Minutes	2	504	\$2,525	\$1,263	\$5	252

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	20	233	\$25,442	\$1,272	\$109	12
Targeted Case Management		T1017		15 minutes	271	6,514	\$707,920	\$2,612	\$109	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	1,695	\$101,310	\$14,473	\$60	242
Assessments		T1023		Encounter	176	226	\$149,774	\$851	\$663	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	12	33	\$8,723	\$727	\$264	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,222</b>		<b>\$3,439,584</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	65	224	\$164,991	\$2,538	\$737	3
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	7	108	\$7,159	\$1,023	\$66	15
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	6	45	\$28,671	\$4,779	\$637	8
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	378	3,426	\$2,736,314	\$7,239	\$799	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	68	813	\$129,908	\$1,910	\$160	12
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	16	120	\$75,396	\$4,712	\$628	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	5	41	\$3,870	\$774	\$94	8
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$93,811	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	1	16	\$14,311	\$14,311	\$894	16
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	222	222	\$79,036	\$356	\$356	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	244	251	\$91,891	\$377	\$366	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	183	489	\$82,645	\$452	\$169	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	476	3,148	\$511,109	\$1,074	\$162	7
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	197	1,041	\$422,726	\$2,146	\$406	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	14	\$3,448	\$1,149	\$246	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	132	1,023	\$347,531	\$2,633	\$340	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	1	\$925	\$925	\$925	1
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	30	\$7,309	\$914	\$244	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	356	2,466	\$362,970	\$1,020	\$147	7
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	57	\$2,933	\$587	\$51	11
Occupational or Physical Therapy		97112		15 Minutes	1	25	\$1,290	\$1,290	\$52	25
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	2	42	\$2,196	\$1,098	\$52	21
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	4	50	\$2,556	\$639	\$51	13
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	2	2	\$236	\$118	\$118	1
Physical Therapy		97163		Encounter	2	2	\$264	\$132	\$132	1
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	2	2	\$229	\$115	\$115	1
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	39	\$1,968	\$1,968	\$50	39
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	29	109	\$5,582	\$192	\$51	4
Assessment or Health Services		97803		15 Minutes	10	28	\$1,437	\$144	\$51	3
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	2	2	\$566	\$283	\$283	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	5	5	\$272	\$54	\$54	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	34	34	\$5,921	\$174	\$174	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	69	69	\$28,632	\$415	\$415	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	119	182	\$60,668	\$510	\$333	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	218	373	\$46,769	\$215	\$125	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,320	4,818	\$454,935	\$345	\$94	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	403	752	\$245,826	\$610	\$327	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	34	39	\$20,918	\$615	\$536	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	22	28	\$2,085	\$95	\$74	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	46	120	\$10,099	\$220	\$84	3
Additional Codes-Physician Services		99232		25 minutes	17	22	\$4,624	\$272	\$210	1
Additional Codes-Physician Services		99233		35 Minutes	7	12	\$3,986	\$569	\$332	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	11	239	\$479	\$44	\$2	22
Additional Codes-Transportation		A0427		Refer to code descriptions.	11	11	\$1,159	\$105	\$105	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	5	10	\$3,023	\$605	\$302	2
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	809	1,112	\$272,018	\$336	\$245	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	355	1,437	\$499,488	\$1,407	\$348	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	106	5,826	\$325,291	\$3,069	\$56	55
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,282	1,647	\$884,990	\$690	\$537	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		2	2	\$434	\$217	\$217	1
Treatment Planning		H0032		Encounter	252	335	\$71,984	\$286	\$215	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	17	33	\$1,726	\$102	\$52	2
Home Based Services		H0036		15 Minutes	3	646	\$78,559	\$26,186	\$122	215
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	453	9,422	\$706,003	\$1,559	\$75	21
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	52	15,146	\$831,610	\$15,992	\$55	291
Community Living Supports in Independent living/own home		H0043		Per diem	258	34,526	\$1,308,622	\$5,072	\$38	134
Respite		H0045		Days	3	12	\$1,778	\$593	\$148	4
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$299	\$299	\$299	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,010	3,044	\$736,903	\$730	\$242	3
Substance Use Disorder: 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	21,128	\$73,808	\$5,678	\$3	1,625
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	147	297,024	\$1,896,831	\$12,904	\$6	2,021
Community Living Supports (Daily)		H2016		Per Diem	86	21,949	\$2,110,990	\$24,546	\$96	255
Behavior Services		H2019		15 Minutes	19	1,501	\$174,260	\$9,172	\$116	79
Behavior Services		H2019	TT	15 Minutes	17	1,762	\$201,949	\$11,879	\$115	104
Wraparound		H2021		15 Minutes	7	148	\$39,231	\$5,604	\$265	21
Wraparound (SED Waiver)		H2022		Days	3	24	\$24,247	\$8,082	\$1,010	8

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	70	4,154	\$33,523	\$479	\$8	59
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	66	83,880	\$271,356	\$4,111	\$3	1,271
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	9	153	\$7,859	\$873	\$51	17
Family Training		S5111		Encounter	17	219	\$108,290	\$6,370	\$494	13
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	3	\$890	\$445	\$297	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	145	399	\$66,483	\$459	\$167	3
Health Services		S9446		Encounter	4	13	\$7,493	\$1,873	\$576	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	32	1,214	\$149,337	\$4,667	\$123	38
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	351	468	\$161,187	\$459	\$344	1
Health Services		T1002		Up to 15 min	229	2,484	\$143,496	\$627	\$58	11
Respite Care		T1005		15 Minutes	7	4,290	\$17,802	\$2,543	\$4	613

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Saginaw**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	17	45	\$8,464	\$498	\$188	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	19	890	\$78,842	\$4,150	\$89	47
Targeted Case Management		T1017		15 minutes	1,871	95,559	\$5,683,203	\$3,038	\$59	51
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	97	\$18,166	\$3,028	\$187	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	85	21,591	\$1,063,930	\$12,517	\$49	254
Assessments		T1023		Encounter	1,408	1,974	\$992,504	\$705	\$503	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	38	351	\$47,915	\$1,261	\$137	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	6	38	\$4,840	\$807	\$127	6
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	27	210	\$17,980	\$666	\$86	8
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$1,363,797	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>3,631</b>		<b>\$26,561,050</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	4	23	\$18,519	\$4,630	\$805	6
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	55	292	\$236,543	\$4,301	\$810	5
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	10	55	\$44,554	\$4,455	\$810	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	4	20	\$14,619	\$3,655	\$731	5
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	6	\$4,384	\$4,384	\$731	6
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$5,671	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	125	125	\$63,408	\$507	\$507	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	127	309	\$28,142	\$222	\$91	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	295	2,101	\$315,335	\$1,069	\$150	7
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	157	545	\$110,932	\$707	\$204	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	3	\$535	\$178	\$178	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	63	746	\$48,109	\$764	\$64	12
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$283	\$283	\$142	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	47	530	\$56,861	\$1,210	\$107	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$496	\$496	\$496	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	1	1	\$106	\$106	\$106	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	106	197	\$48,810	\$460	\$248	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	348	1,326	\$428,581	\$1,232	\$323	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	20	29	\$11,519	\$576	\$397	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	2	4	\$2,039	\$1,020	\$510	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$210	\$105	\$105	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$568	\$189	\$189	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	10	\$732	\$183	\$73	3
Additional Codes-Physician Services		99232		25 minutes	3	8	\$797	\$266	\$100	3
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	326	342	\$161,962	\$497	\$474	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	290	605	\$170,968	\$590	\$283	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	\$178	\$178	\$178	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	10	\$1,551	\$517	\$155	3
Home Based Services		H0036		15 Minutes	3	103	\$5,306	\$1,769	\$52	34
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	81	2,999	\$131,487	\$1,623	\$44	37
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			72	0	\$92,427	\$1,284	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	44	7,446	\$550,052	\$12,501	\$74	169
Community Living Supports in Independent living/own home		H0043		Per diem	1	235	\$32,149	\$32,149	\$137	235
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	8	\$450	\$225	\$56	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	63	303	\$25,707	\$408	\$85	5
Substance Use Disorder: 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	78	18,765	\$121,292	\$1,555	\$6	241
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	61	11,174	\$63,598	\$1,043	\$6	183
Community Living Supports (Daily)		H2016		Per Diem	14	4,631	\$599,704	\$42,836	\$129	331
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	94	138	\$16,071	\$171	\$116	1
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	267	6,052	\$463,986	\$1,738	\$77	23
Targeted Case Management		T1017		15 minutes	1	92	\$7,238	\$7,238	\$79	92
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	14	4,631	\$185,155	\$13,225	\$40	331
Assessments		T1023		Encounter	78	104	\$43,838	\$562	\$422	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,646	\$1,646	\$137	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>554</b>		<b>\$4,116,519</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan  
QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	2	13	\$14,926	\$7,463	\$1,148	7
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	5	65	\$23,345	\$4,669	\$359	13
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	22	165	\$25,505	\$1,159	\$155	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	122	764	\$708,234	\$5,805	\$927	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	38	245	\$233,669	\$6,149	\$954	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	22	\$754	\$754	\$34	22
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	123	124	\$43,687	\$355	\$352	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	118	118	\$23,038	\$195	\$195	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	59	91	\$9,897	\$168	\$109	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	266	1,110	\$203,281	\$764	\$183	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	316	2,156	\$356,310	\$1,128	\$165	7
Mental Health: Outpatient Care		90837		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	1	\$195	\$195	\$195	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	22	163	\$16,583	\$754	\$102	7
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	42	295	\$15,125	\$360	\$51	7
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	209	468	\$48,993	\$234	\$105	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	317	828	\$100,725	\$318	\$122	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	23	30	\$8,529	\$371	\$284	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$331	\$110	\$110	1
Additional Codes-Physician Services		99222		50 Minutes	11	12	\$1,520	\$138	\$127	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	11	63	\$2,267	\$206	\$36	6
Additional Codes-Physician Services		99232		25 minutes	7	33	\$2,661	\$380	\$81	5
Additional Codes-Physician Services		99233		35 Minutes	2	5	\$704	\$352	\$141	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	2	19	\$4,377	\$2,189	\$230	10
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	488	518	\$95,494	\$196	\$184	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0018	HF	Days	6	16	\$5,966	\$994	\$373	3
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	454	469	\$124,149	\$273	\$265	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	315	332	\$42,886	\$136	\$129	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	49	52	\$10,357	\$211	\$199	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	3	\$315	\$158	\$105	2
Home Based Services		H0036		15 Minutes	28	2,368	\$218,523	\$7,804	\$92	85
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	41	1,821	\$79,721	\$1,944	\$44	44
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	52	3,957	\$468,845	\$9,016	\$118	76
Community Living Supports in Independent living/own home		H0043		Per diem	1	326	\$5,806	\$5,806	\$18	326
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	2	\$677	\$677	\$339	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	216	645	\$45,409	\$210	\$70	3
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	16,262	\$145,211	\$16,135	\$9	1,807
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	106,813	\$264,253	\$17,617	\$2	7,121
Community Living Supports (Daily)		H2016		Per Diem	13	2,949	\$765,137	\$58,857	\$259	227
Behavior Services		H2019		15 Minutes	17	871	\$58,988	\$3,470	\$68	51
Behavior Services		H2019	TT	15 Minutes	12	1,065	\$41,512	\$3,459	\$39	89
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	3	69	\$567	\$189	\$8	23
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	117	\$839	\$839	\$7	117
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	2	2	\$392	\$196	\$196	1
Health Services		T1002		Up to 15 min	1	1	\$49	\$49	\$49	1
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Shiawassee**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	144	5,308	\$488,112	\$3,390	\$92	37
Targeted Case Management		T1017		15 minutes	160	5,966	\$447,915	\$2,799	\$75	37
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	2,404	\$35,392	\$3,217	\$15	219
Assessments		T1023		Encounter	238	331	\$160,302	\$674	\$484	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	12	\$1,070	\$1,070	\$89	12
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	25	\$3,556	\$1,778	\$142	13
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,091</b>		<b>\$5,356,099</b>			



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	46	403	\$265,672	\$5,775	\$659	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	3	58	\$21,189	\$7,063	\$365	19
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	405	3,045	\$2,152,208	\$5,314	\$707	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	58	275	\$54,631	\$942	\$199	5
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$6,267	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$33,579	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	18	142	\$47,905	\$2,661	\$337	8

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	2	2	\$264	\$132	\$132	1
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	107	107	\$46,772	\$437	\$437	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	310	314	\$117,586	\$379	\$374	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	179	405	\$23,905	\$134	\$59	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	621	4,135	\$365,695	\$589	\$88	7
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	109	430	\$58,456	\$536	\$136	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	3	\$707	\$236	\$236	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	25	\$2,205	\$368	\$88	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	208	2,872	\$370,760	\$1,782	\$129	14
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	5	\$243	\$243	\$49	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	220	2,376	\$221,089	\$1,005	\$93	11
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	2	2	\$94	\$47	\$47	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	8	8	\$1,687	\$211	\$211	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	17	17	\$4,778	\$281	\$281	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	5	5	\$1,530	\$306	\$306	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$375	\$375	\$375	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	43	44	\$7,211	\$168	\$164	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	77	85	\$8,933	\$116	\$105	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	778	1,980	\$299,663	\$385	\$151	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	663	1,998	\$476,814	\$719	\$239	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	29	29	\$11,968	\$413	\$413	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	6	14	\$2,431	\$405	\$174	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	4	7	\$1,661	\$415	\$237	2
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	31	395	\$91,106	\$2,939	\$231	13
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	804	885	\$497,316	\$619	\$562	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		9	9	\$1,441	\$160	\$160	1
Treatment Planning		H0032		Encounter	172	274	\$25,618	\$149	\$93	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	68	113	\$9,169	\$135	\$81	2
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	7	1,777	\$61,663	\$8,809	\$35	254
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	378	14,530	\$502,039	\$1,328	\$35	38
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$277,011	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	81	12,162	\$576,058	\$7,112	\$47	150
Community Living Supports in Independent living/own home		H0043		Per diem	10	1,962	\$170,786	\$17,079	\$87	196
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	185	1,523	\$241,541	\$1,306	\$159	8
Substance Use Disorder: 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	37	23,027	\$145,731	\$3,939	\$6	622
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	462	66,926	\$952,578	\$2,062	\$14	145
Community Living Supports (Daily)		H2016		Per Diem	63	13,318	\$1,536,684	\$24,392	\$115	211
Behavior Services		H2019		15 Minutes	40	2,019	\$62,141	\$1,554	\$31	50
Behavior Services		H2019	TT	15 Minutes	40	5,103	\$155,501	\$3,888	\$30	128
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	149	7,219	\$222,120	\$1,491	\$31	48
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	93	117,984	\$512,159	\$5,507	\$4	1,269
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	5	17	\$1,694	\$339	\$100	3
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	3	3	\$623	\$208	\$208	1
Health Services		T1002		Up to 15 min	467	6,107	\$315,332	\$675	\$52	13
Respite Care		T1005		15 Minutes	1	12	\$47	\$47	\$4	12



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Clair**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,157	27,549	\$1,015,283	\$878	\$37	24
Targeted Case Management		T1017		15 minutes	11	1,791	\$40,930	\$3,721	\$23	163
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	34	704	\$37,621	\$1,106	\$53	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	59	11,701	\$158,322	\$2,683	\$14	198
Assessments		T1023		Encounter	252	295	\$196,184	\$779	\$665	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	4	\$1,203	\$1,203	\$301	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	30	47	\$24,451	\$815	\$520	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$1,600	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,910</b>		<b>\$12,440,230</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	16	180	\$106,938	\$6,684	\$594	11
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	61	524	\$375,646	\$6,158	\$717	9
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	51	51	\$16,492	\$323	\$323	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	206	332	\$26,493	\$129	\$80	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	305	1,504	\$180,602	\$592	\$120	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	149	531	\$83,590	\$561	\$157	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	2	2	\$445	\$222	\$222	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	35	301	\$83,765	\$2,393	\$278	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	33	338	\$16,388	\$497	\$48	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	25	59	\$3,215	\$129	\$54	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	305	477	\$42,064	\$138	\$88	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	296	536	\$223,890	\$756	\$418	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	136	142	\$40,668	\$299	\$286	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	2	2	\$1,047	\$524	\$524	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$93	\$93	\$93	1
Additional Codes-Physician Services		99222		50 Minutes	6	6	\$560	\$93	\$93	1
Additional Codes-Physician Services		99223		70 Minutes	20	23	\$2,151	\$108	\$94	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	10	19	\$1,696	\$170	\$89	2
Additional Codes-Physician Services		99232		25 minutes	18	71	\$5,730	\$318	\$81	4
Additional Codes-Physician Services		99233		35 Minutes	21	60	\$5,506	\$262	\$92	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	3	13	\$676	\$225	\$52	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	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	12	53	\$20,923	\$1,744	\$395	4
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	384	438	\$270,266	\$704	\$617	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	366	382	\$48,512	\$133	\$127	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	104	4,828	\$41,961	\$403	\$9	46
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	25	2,701	\$313,883	\$12,555	\$116	108
Community Living Supports in Independent living/own home		H0043		Per diem	1	365	\$91,162	\$91,162	\$250	365
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$237	\$237	\$237	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	37	158	\$12,703	\$343	\$80	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	1,805	\$8,203	\$1,172	\$5	258
Community Living Supports (Daily)		H2016		Per Diem	20	5,933	\$606,892	\$30,345	\$102	297
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	16	1,447	\$8,100	\$506	\$6	90
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	20	18,819	\$206,097	\$10,305	\$11	941
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	131	134	\$12,735	\$97	\$95	1
Health Services		T1002		Up to 15 min	303	566	\$43,871	\$145	\$78	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**St. Joseph**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	31	\$2,312	\$578	\$75	8
Targeted Case Management		T1017		15 minutes	105	5,435	\$525,330	\$5,003	\$97	52
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	155	\$15,145	\$2,524	\$98	26
Personal Care in Licensed Specialized Residential Setting		T1020		Days	20	5,933	\$510,214	\$25,511	\$86	297
Assessments		T1023		Encounter	114	135	\$103,509	\$908	\$767	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>902</b>		<b>\$4,059,707</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	27	243	\$237,365	\$8,791	\$977	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	84	573	\$439,447	\$5,232	\$767	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	71	701	\$508,907	\$7,168	\$726	10
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	252	254	\$58,995	\$234	\$232	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	174	174	\$47,921	\$275	\$275	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	239	381	\$37,933	\$159	\$100	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,097	4,971	\$771,992	\$704	\$155	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	1,045	3,856	\$720,952	\$690	\$187	4
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	14	\$2,336	\$779	\$167	5
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12	53	\$8,599	\$717	\$162	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	190	1,966	\$192,479	\$1,013	\$98	10
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	103	650	\$38,741	\$376	\$60	6
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	3	5	\$638	\$213	\$128	2
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	8	8	\$1,442	\$180	\$180	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	51	65	\$17,577	\$345	\$270	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	116	137	\$46,309	\$399	\$338	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	109	613	\$25,050	\$230	\$41	6
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	266	364	\$23,355	\$88	\$64	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,320	3,206	\$371,065	\$281	\$116	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	168	204	\$33,253	\$198	\$163	1
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	3	3	\$721	\$240	\$240	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$18	\$18	\$18	1
Additional Codes-Physician Services		99222		50 Minutes	7	9	\$875	\$125	\$97	1
Additional Codes-Physician Services		99223		70 Minutes	5	5	\$500	\$100	\$100	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	23	114	\$8,658	\$376	\$76	5
Additional Codes-Physician Services		99232		25 minutes	51	210	\$20,621	\$404	\$98	4
Additional Codes-Physician Services		99233		35 Minutes	17	35	\$2,736	\$161	\$78	2
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	138	141	\$46,553	\$337	\$330	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	49	301	\$116,745	\$2,383	\$388	6
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	130	\$3,222	\$3,222	\$25	130
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	823	986	\$241,104	\$293	\$245	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	34	4,159	\$134,782	\$3,964	\$32	122
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	186	38,108	\$800,975	\$4,306	\$21	205
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$300,616	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	40	13,505	\$1,461,013	\$36,525	\$108	338
Community Living Supports in Independent living/own home		H0043		Per diem	1	11	\$4,658	\$4,658	\$423	11
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	27	66	\$2,826	\$105	\$43	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	29	270	\$31,658	\$1,092	\$117	9
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	172	842	\$122,702	\$713	\$146	5
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	803	\$6,192	\$6,192	\$8	803
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	202	5,716	\$254,750	\$1,261	\$45	28
Community Living Supports (Daily)		H2016		Per Diem	52	14,649	\$2,509,152	\$48,253	\$171	282
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	102	1,459	\$89,868	\$881	\$62	14
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	2	\$397	\$397	\$198	2
Health Services		S9446		Encounter	2	2	\$210	\$105	\$105	1
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	673	6,663	\$1,437,808	\$2,136	\$216	10
Targeted Case Management		T1017		15 minutes	417	13,446	\$2,336,933	\$5,604	\$174	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	33	543	\$94,629	\$2,868	\$174	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	53	14,699	\$714,844	\$13,488	\$49	277
Assessments		T1023		Encounter	267	389	\$364,670	\$1,366	\$937	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>3,197</b>		<b>\$14,694,796</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	6	52	\$39,384	\$6,564	\$757	9
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	2	10	\$385	\$193	\$39	5
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	20	117	\$112,524	\$5,626	\$962	6
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	4	33	\$3,903	\$976	\$118	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	46	421	\$345,561	\$7,512	\$821	9
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	9	49	\$10,050	\$1,117	\$205	5
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Tuscola										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	169	171	\$140,306	\$830	\$821	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$212	\$212	\$212	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	93	162	\$19,198	\$206	\$119	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	257	1,286	\$253,636	\$987	\$197	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	209	1,001	\$352,191	\$1,685	\$352	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	4	\$1,051	\$525	\$263	2
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	42	335	\$57,608	\$1,372	\$172	8
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	8	\$830	\$415	\$104	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	42	410	\$64,324	\$1,532	\$157	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	193	374	\$72,702	\$377	\$194	2

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	316	789	\$175,691	\$556	\$223	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	171	357	\$128,245	\$750	\$359	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	60	128	\$76,870	\$1,281	\$601	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$138	\$69	\$69	1
Additional Codes-Physician Services		99222		50 Minutes	54	61	\$10,047	\$186	\$165	1
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$497	\$249	\$249	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	40	302	\$12,148	\$304	\$40	8
Additional Codes-Physician Services		99232		25 minutes	72	260	\$15,660	\$218	\$60	4
Additional Codes-Physician Services		99233		35 Minutes	29	32	\$3,140	\$108	\$98	1
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Tuscola	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	10	92	\$30,354	\$3,035	\$330	9
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$413	\$413	\$413	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	1	2	\$797	\$797	\$398	2
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	265	284	\$134,478	\$507	\$474	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	218	228	\$65,232	\$299	\$286	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	11	\$3,203	\$1,068	\$291	4
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	1	\$279	\$279	\$279	1
Home Based Services		H0036		15 Minutes	7	771	\$82,950	\$11,850	\$108	110
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	8	\$432	\$432	\$54	8
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			145	3,485	\$76,563	\$528	\$22	24
Assertive Community Treatment (ACT)		H0039		15 Minutes	53	4,101	\$352,974	\$6,660	\$86	77
Community Living Supports in Independent living/own home		H0043		Per diem	1	29	\$5,125	\$5,125	\$177	29
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	14	\$2,707	\$677	\$193	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	17	106	\$19,893	\$1,170	\$188	6
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	10,733	\$55,404	\$11,081	\$5	2,147
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	88	\$920	\$920	\$10	88
Community Living Supports (Daily)		H2016		Per Diem	9	2,549	\$511,151	\$56,795	\$201	283
Behavior Services		H2019		15 Minutes	19	720	\$61,616	\$3,243	\$86	38
Behavior Services		H2019	TT	15 Minutes	15	141	\$12,067	\$804	\$86	9
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Tuscola**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	22	425	\$5,310	\$241	\$12	19
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	3,182	\$9,801	\$9,801	\$3	3,182
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	327	1,161	\$52,711	\$161	\$45	4
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	4	56	\$4,820	\$1,205	\$86	14
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$106	\$106	\$106	1
Health Services		S9446		Encounter	1	2	\$106	\$106	\$53	2
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	10	10	\$3,156	\$316	\$316	1
Health Services		T1002		Up to 15 min	17	68	\$9,222	\$542	\$136	4
Respite Care		T1005		15 Minutes	2	80	\$200	\$100	\$3	40

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Tuscola</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	7	20	\$3,787	\$541	\$189	3	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	251	4,498	\$628,114	\$2,502	\$140	18	
Targeted Case Management		T1017		15 minutes	27	773	\$62,807	\$2,326	\$81	29	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	57	\$7,768	\$2,589	\$136	19	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	2,549	\$135,153	\$15,017	\$53	283	
Assessments		T1023		Encounter	72	85	\$64,873	\$901	\$763	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	12	\$128	\$128	\$11	12	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	4	33	\$280	\$70	\$8	8	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	2	14	\$1,653	\$826	\$118	7	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					11	0	\$1,426	\$130	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			1	0	\$52	\$52	\$0	0	
<b>Total Population and Cost</b>					<b>660</b>		<b>\$4,304,332</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	11	79	\$94,106	\$8,555	\$1,191	7
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	31	368	\$443,357	\$14,302	\$1,205	12
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	30	193	\$193,489	\$6,450	\$1,003	6
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	140	140	\$45,807	\$327	\$327	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	164	272	\$32,234	\$197	\$119	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	402	2,421	\$573,951	\$1,428	\$237	6
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	78	219	\$68,624	\$880	\$313	3
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	107	131	\$29,820	\$279	\$228	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	11	12	\$1,849	\$168	\$154	1
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	12	\$2,970	\$990	\$248	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	53	396	\$27,416	\$517	\$69	7
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	49	436	\$36,726	\$750	\$84	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	22	34	\$1,773	\$81	\$52	2



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	462	1,398	\$105,463	\$228	\$75	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	55	144	\$14,796	\$269	\$103	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	1	1	\$25	\$25	\$25	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$128	\$128	\$128	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$123	\$123	\$123	1
Additional Codes-Physician Services		99223		70 Minutes	17	17	\$2,103	\$124	\$124	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	11	22	\$2,195	\$200	\$100	2
Additional Codes-Physician Services		99232		25 minutes	23	41	\$4,984	\$217	\$122	2
Additional Codes-Physician Services		99233		35 Minutes	16	45	\$5,603	\$350	\$125	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	267	292	\$45,384	\$170	\$155	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	16	133	\$69,663	\$4,354	\$524	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	342	409	\$126,811	\$371	\$310	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	3	\$752	\$251	\$251	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	92	\$10,493	\$5,247	\$114	46
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	71	777	\$10,858	\$153	\$14	11
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	79	6,164	\$633,746	\$8,022	\$103	78
Community Living Supports in Independent living/own home		H0043		Per diem	2	124	\$19,487	\$9,743	\$157	62
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	44	101	\$6,450	\$147	\$64	2
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	4	8,401	\$118,488	\$29,622	\$14	2,100
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	24	1,162	\$15,975	\$666	\$14	48
Community Living Supports (Daily)		H2016		Per Diem	25	6,991	\$1,807,292	\$72,292	\$259	280
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	23	3,971	\$55,601	\$2,417	\$14	173
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	54	64,215	\$603,795	\$11,181	\$9	1,189
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	10	187	\$19,711	\$1,971	\$105	19
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Van Buren**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	19	\$2,984	\$995	\$157	6
Targeted Case Management		T1017		15 minutes	128	4,019	\$706,983	\$5,523	\$176	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	10	70	\$13,164	\$1,316	\$188	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	6,959	\$365,367	\$14,615	\$53	278
Assessments		T1023		Encounter	110	123	\$57,827	\$526	\$470	1
Prevention Services - Direct Model		T1027		15 Minutes	4	118	\$22,190	\$5,548	\$188	30
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,114</b>		<b>\$6,400,565</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	67	747	\$485,216	\$7,242	\$650	11
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	521	4,183	\$3,221,192	\$6,183	\$770	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$495,495	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$221,102	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	4	51	\$45,690	\$11,423	\$896	13
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	91	802	\$278,277	\$3,058	\$347	9

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	67	68	\$29,603	\$442	\$435	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	285	285	\$143,486	\$503	\$503	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	68	150	\$12,788	\$188	\$85	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	137	522	\$68,309	\$499	\$131	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	160	853	\$151,314	\$946	\$177	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$186	\$186	\$186	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	14	185	\$30,455	\$2,175	\$165	13
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	157	1,886	\$478,176	\$3,046	\$254	12
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	583	5,674	\$799,694	\$1,372	\$141	10
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	4	5	\$5,541	\$1,385	\$1,108	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	1	1	\$556	\$556	\$556	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	1	2	\$1,045	\$1,045	\$522	2
Occupational Therapy		97166		Encounter	2	2	\$1,281	\$640	\$640	1
Occupational Therapy		97167		Encounter	1	1	\$1,053	\$1,053	\$1,053	1
Occupational Therapy		97168		Encounter	1	2	\$2,714	\$2,714	\$1,357	2
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	124	278	\$51,900	\$419	\$187	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	151	219	\$31,551	\$209	\$144	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,486	4,005	\$863,758	\$581	\$216	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,014	2,537	\$602,893	\$595	\$238	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	70	90	\$35,279	\$504	\$392	1
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	86	90	\$40,174	\$467	\$446	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	110	1,295	\$390,481	\$3,550	\$302	12
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	728	776	\$238,604	\$328	\$307	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		17	17	\$20,198	\$1,188	\$1,188	1
Treatment Planning		H0032		Encounter	20	32	\$13,120	\$656	\$410	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	\$402	\$402	\$402	1
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	6	380	\$66,804	\$11,134	\$176	63
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	204	6,840	\$209,304	\$1,026	\$31	34
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	14	116	\$3,626	\$259	\$31	8
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	125	9,658	\$1,488,877	\$11,911	\$154	77
Community Living Supports in Independent living/own home		H0043		Per diem	143	11,907	\$1,954,177	\$13,666	\$164	83
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	18	76	\$14,552	\$808	\$191	4
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	8	8	\$2,957	\$370	\$370	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	5	5	\$1,718	\$344	\$344	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	546	2,615	\$670,852	\$1,229	\$257	5
Substance Use Disorder: 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	90	47,882	\$209,244	\$2,325	\$4	532
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	93	671,796	\$1,948,208	\$20,948	\$3	7,224
Community Living Supports (Daily)		H2016		Per Diem	74	22,061	\$2,724,313	\$36,815	\$123	298
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	55	49,591	\$347,633	\$6,321	\$7	902
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	86	94,327	\$518,799	\$6,033	\$6	1,097
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	5	\$698	\$698	\$140	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	2	\$295	\$147	\$147	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	70	786	\$521,542	\$7,451	\$664	11
Health Services		S9470		Encounter	53	140	\$70,584	\$1,332	\$504	3
Prevention Services - Direct Model		S9482		15 minutes	6	261	\$11,113	\$1,852	\$43	44
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	751	758	\$172,960	\$230	\$228	1
Health Services		T1002		Up to 15 min	201	4,290	\$619,691	\$3,083	\$144	21
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	111	\$18,464	\$3,077	\$166	19
Targeted Case Management		T1017		15 minutes	1,902	23,574	\$3,792,821	\$1,994	\$161	12
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	56	\$114,404	\$22,881	\$2,043	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	67	19,397	\$1,444,301	\$21,557	\$74	290
Assessments		T1023		Encounter	483	618	\$357,606	\$740	\$579	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	4	\$742	\$742	\$185	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	8	\$888	\$444	\$111	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	27	262	\$51,897	\$1,922	\$198	10
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>2,983</b>		<b>\$26,100,601</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	15	188	\$166,947	\$11,130	\$888	13
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	12	176	\$20,142	\$1,679	\$114	15
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	53	387	\$371,437	\$7,008	\$960	7
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	10	76	\$20,719	\$2,072	\$273	8
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$32,527	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	6	\$2,746	\$1,373	\$458	3

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	153	156	\$94,428	\$617	\$605	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$363	\$363	\$363	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	66	114	\$10,596	\$161	\$93	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	63	108	\$15,678	\$249	\$145	2
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	229	2,631	\$509,177	\$2,223	\$194	11
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	87	115	\$62,494	\$718	\$543	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	18	32	\$9,236	\$513	\$289	2
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	60	511	\$60,661	\$1,011	\$119	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	6	\$1,098	\$183	\$183	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	59	559	\$135,680	\$2,300	\$243	9
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	7	53	\$12,169	\$1,738	\$230	8
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	435	461	\$91,868	\$211	\$199	1
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	0	0	\$0	\$0	\$0	0
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	82	103	\$29,895	\$365	\$290	1
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	449	1,926	\$559,002	\$1,245	\$290	4
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	1	1	\$259	\$259	\$259	1
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	1	1	\$259	\$259	\$259	1
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$243	\$243	\$243	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	14	73	\$49,547	\$3,539	\$679	5
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	619	655	\$212,757	\$344	\$325	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$153	\$153	\$153	1
Treatment Planning		H0032		Encounter	483	871	\$137,644	\$285	\$158	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	181	\$13,135	\$6,568	\$73	91
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	53	17,803	\$799,355	\$15,082	\$45	336
Community Living Supports in Independent living/own home		H0043		Per diem	4	692	\$86,573	\$21,643	\$125	173
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	105	232	\$31,520	\$300	\$136	2
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	10	3,734	\$21,583	\$2,158	\$6	373
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	400	36,818	\$307,798	\$769	\$8	92
Community Living Supports (Daily)		H2016		Per Diem	22	4,933	\$652,685	\$29,668	\$132	224
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	867	\$4,335	\$4,335	\$5	867
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	433	1,588	\$58,295	\$135	\$37	4
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	6	66	\$2,282	\$380	\$35	11
Family Training		S5111		Encounter	12	77	\$17,680	\$1,473	\$230	6
Family Training		S5111	HA	Encounter	1	8	\$1,759	\$1,759	\$220	8
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	27	27	\$12,537	\$464	\$464	1
Health Services		T1002		Up to 15 min	8	16	\$999	\$125	\$62	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

West Michigan											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	3	3	\$1,042	\$347	\$347	1	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	\$0	\$0	\$0	0	
Targeted Case Management		T1017		15 minutes	530	12,087	\$791,457	\$1,493	\$65	23	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	19	4,812	\$370,813	\$19,516	\$77	253	
Assessments		T1023		Encounter	134	160	\$149,802	\$1,118	\$936	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			5	0	\$5,363	\$1,073	\$0	0	
<b>Total Population and Cost</b>					<b>1,531</b>		<b>\$5,936,738</b>				

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	8	89	\$46,345	\$5,793	\$521	11
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	29	199	\$148,371	\$5,116	\$746	7
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Woodlands**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	61	61	\$29,462	\$483	\$483	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	29	41	\$3,855	\$133	\$94	1
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	127	676	\$82,845	\$652	\$123	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	6	7	\$1,392	\$232	\$199	1
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92608		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97166		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97167		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97168		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$388	\$388	\$388	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	33	497	\$68,524	\$2,076	\$138	15
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$9	\$9	\$9	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

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 Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	208	581	\$77,674	\$373	\$134	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	9	18	\$2,079	\$231	\$115	2
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	4	6	\$161	\$40	\$27	2
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$313	\$104	\$104	1
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$204	\$102	\$102	1
Additional Codes-Physician Services		99223		70 Minutes	8	9	\$917	\$115	\$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	5	12	\$601	\$120	\$50	2
Additional Codes-Physician Services		99232		25 minutes	13	31	\$2,310	\$178	\$75	2
Additional Codes-Physician Services		99233		35 Minutes	11	28	\$2,481	\$226	\$89	3
Substance Use Disorder: Physician Consultations		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations		99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Woodlands</b>										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	64	64	\$18,639	\$291	\$291	1
Substance Use Disorder: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018		Days	4	29	\$12,361	\$3,090	\$426	7
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	214	218	\$77,827	\$364	\$357	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	287	326	\$64,666	\$225	\$198	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	59	\$6,696	\$3,348	\$113	30
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	309	\$8,015	\$1,603	\$26	62
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	5	989	\$294,582	\$58,916	\$298	198
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	18	\$3,424	\$1,141	\$190	6
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	4	\$417	\$139	\$104	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	12	47	\$6,183	\$515	\$132	4
Substance Use Disorder: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	1,168	\$2,759	\$2,759	\$2	1,168
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	20	1,216	\$9,896	\$495	\$8	61
Community Living Supports (Daily)		H2016		Per Diem	18	5,578	\$823,526	\$45,751	\$148	310
Behavior Services		H2019		15 Minutes	3	29	\$1,567	\$522	\$54	10
Behavior Services		H2019	TT	15 Minutes	8	1,140	\$61,761	\$7,720	\$54	143
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

**Woodlands**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	6	405	\$10,133	\$1,689	\$25	68
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	28	32,266	\$174,369	\$6,227	\$5	1,152
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan

QMPmeasures@michigan.gov

<b>Woodlands</b>											
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0	
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0	
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0	
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	30	\$3,372	\$1,686	\$112	15	
Targeted Case Management		T1017		15 minutes	108	3,967	\$443,891	\$4,110	\$112	37	
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0	
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	5,552	\$465,410	\$25,856	\$84	308	
Assessments		T1023		Encounter	66	73	\$38,526	\$584	\$528	1	
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0	
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0	
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0	
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0	
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0	
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0	
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0	
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0	
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0	
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0	
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0	
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0	
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0	
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0	
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0	
Other					0	0	\$0	\$0	\$0	0	
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0	
<b>Total Population and Cost</b>					<b>583</b>		<b>\$2,995,953</b>				