Appendix 39 ▪ Service Planning and Utilization Summary (SPUS)

Service Month:

Participant:_____ MSSP ID: _____ CIN: _____

PCM: _____

Purchased Services

Service Code	HCPCS Code	Modifier 1	Modifier 2	Revenue Code	Fund Code	Provider Code	Authorized: #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered: #Units	Unit Type	Cost	CV	V

Service Name:
Service Dates:
Vendor Name:
NOTE:

Service Name:
Service Dates:
Vendor Name:
NOTE:

Service Name:
Service Dates:
Vendor Name:
NOTE:

Total Purchased Services: Authorized: Delivered:

Referred Services

Service Code	Fund Code	Provider Code	Authorized: #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered: #Units	Unit Type	Cost	CV	V

Service Name:
Service Dates:
Vendor Name:
NOTE:

Service Name:
Service Dates:
Vendor Name:
NOTE:

Total Referred Services:

Summary of Costs:	Waived Purchase Services	+ Referred Cost	+ Fixed Waived Cost	= Grand Total
(A) Total Costs				
Authorized Costs:				
Delivered Costs:				
(B) Total Costs Used in High-Cost Calculation (Title XIX only)				
Authorized Costs:				
Delivered Costs:				

Code (0% - 95%): PCM _____ Date _____

Code (96%-120%): SCM _____ Date _____

Code (> 120%): SD _____ Date _____