

FEE SCHEDULE

Community Alternatives Program Fee Schedule for Children (CAPCH)

Last Updated Jul 2021

Procedure Code	Program	Program Description	Billing Unit	NON-COVID-19 Effective till 02/29/2020	COVID-19 Non-Outbreak Effective 03/01/2020 03/31/2020	COVID-19 Non-Outbreak Effective 04/01/2020 12/31/2020	EVV PCS Effective 01/01/2021 12/31/9999	COVID-19 Outbreak Effective 03/10/2020
E0700	CAP-CH	Safety Equipment, Devices or Accessory - Vehicular Vest & Adaptive Car Seats	*					
H0045	CAP-CH	Respite Care Institutional	Per Diem	206.98	217.33	217.33		
S5111	CAP-CH	Training/Education/Consultative Services	*					
S5125	CAP-CH	In-Home Aide	15 Min	3.90	4.10	4.51	4.96	8.25
S5125 CR	CAP-CH	In-Home Aide (CATASTROPHE / DISASTER RELATED)	15 Min	3.90	4.10	4.51	4.96	8.25
S5150	CAP-CH	Respite Care In-Home Aide	15 Min	3.90	4.10	4.51	4.96	8.25
S5165	CAP-CH	Home Accessibility and Adaptation	*					
S9122 TG	CAP-CH	Congregate CAP/C Pediatric Nurse Aide Services	15 Min	3.49	3.66	4.03		
S9122 TF	CAP-CH	Congregate CAP/C Personal Care Services	15 Min	2.60	2.73	3.00		
T1004	CAP-CH	Pediatric Personal Care Respite	15 Min	4.65	4.88	5.37	5.91	
T1005	CAP-CH	Respite Care In-Home Nurse - RN or LPN level	15 Min	9.90	10.40	10.40		
T1016	CAP-CH	Case Management	Month	377.00	395.85	395.85		
T1019	CAP-CH	Pediatric Personal Care	15 Min	4.65	4.88	5.37	5.91	
T1019 CR	CAP-CH	Pediatric Personal Care (CATASTROPHE / DISASTER RELATED)	15 Min	4.65	4.88	5.37	5.91	
T2025	CAP-CH	Participant Goods and Services	*					
T2027	CAP-CH	Personal Care Assistance Services	15 Min	3.90	4.10	4.51	4.96	8.25
T2027 CR	CAP-CH	Personal Care Assistance Services (CATASTROPHE / DISASTER RELATED)	15 Min	3.90	4.10	4.03	4.43	
T2027 TF	CAP-CH	Personal Care Assistance Congregate Services	15 Min	2.60	2.73	4.03	4.43	
T2029	CAP-CH	Assistive Technology and Adaptive Tricycles	*					
T2038	CAP-CH	Community Transition	*					
T2039	CAP-CH	Vehicle Modifications	*					
T2040	CAP-CH	Financial Management Services	Month	93.00	97.65	97.65	107.42	
T2041	CAP-CH	Care Advisor (Consumer-Direction) (Fac Code 5)	Month	377.00	396.00	395.85		

Notes:

1. Billing procedures are in the Community Alternatives Program for Children, 3K-1 Clinical Coverage Policy in Appendix B.
2. Providers must bill their usual and customary charges.