

Community Alternatives Program For Disabled Adults (CAPDA)

FEE SCHEDULE

Last Updated Dec 15-2021

Procedure Code	Program	Program Description	Billing Unit	NON COVID Effective 11/01/2019 03/09/2020	COVID-19 Non-Outbreak Effective 03/10/2020 03/31/2020	COVID-19 Non-Outbreak Effective 04/01/2020 12/31/2020	EVV PCS Effective 01/01/2021 10/31/2021	PCS CF RATE Effective 11/01/2021 11/30/2021	PC CF RATE Effective 12/01/2021 12/31/2021	EVV PCS Effective 01/01/2022 01/31/2022	
A0090	CAP-DA	Goods and Services (Non-medical Transportation)	*	*	*	*					
G9003	CAP-DA	Coordinated Caregiving – High Acuity	Per Diem	\$54.91	\$57.66	\$57.66				\$57.66	**
G9004	CAP-DA	Coordinated Caregiving – Low Acuity	Per Diem	\$33.29	\$34.95	\$34.95				\$34.95	**
H0045	CAP-DA	Respite Care - Institutional	Per Diem	\$206.98	\$217.33	\$217.33				\$217.33	**
H2010	CAP-DA	Goods and Services (Nutritional Services)	*	*	*	*					
S5102	CAP-DA	Adult Day Health Services	Per Diem	\$38.53	\$40.46	\$40.46				\$40.46	**
S5111	CAP-DA	Training/Education and Consultative Services	*	*	*	*					
S5125	CAP-DA	CAP In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$6.70	5.21	\$5.96	** ***
S5125 CR	CAP-DA	(CATASTROPHE / DISASTER RELATED)	15 Min	\$3.90	\$4.10	\$4.51		\$6.25	4.76	\$5.51	** ***
S5125 UN	CAP-DA	In-Home Aide Congregate Services	15 Min	\$3.49	\$3.66	\$4.03	\$4.43	\$6.17	4.68	\$5.43	** ***
S5150	CAP-DA	Respite - In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$6.70	5.21	\$5.96	** ***
S5161	CAP-DA	Personal Emergency Response System (PERS)	Month	\$29.70	\$31.19	\$31.19				\$31.19	**
S5165	CAP-DA	Equipment, modification and technology - home modification	*	*	*	*					
S5170	CAP-DA	Meal Preparation and Delivery	Each	\$4.87	\$5.11	\$5.11				\$7.70	** ****
T1016	CAP-DA	Case Management Services	Month	\$377.00	\$395.85	\$395.85				\$395.85	**
T1020	CAP-DA	Goods and Services (Chore Service - Declutter/Garbage)	*	*	*	*					
T2025	CAP-DA	Goods and Services (Participant and Individual-Specialized Medical Supplies (medication dispensing boxes))	*	*	*	*					
T2028	CAP-DA	Equipment, modification and technology - assistive technology	Each	\$10.89	\$11.43	\$11.43				\$11.43	**
T2029	CAP-DA	Community Integration Services	*	*	*	*					
T2033	CAP-DA	Community Transition Services	*	*	*	*					
T2038	CAP-DA	Specialized Medical Supplies (Disposable liner/shield for)	Each	\$0.34	\$0.37	\$0.37				\$0.37	**
T4535	CAP-DA	Specialized Medical Supplies (reusable incontinence)	Each	\$20.80	\$21.84	\$21.84				\$21.84	**
T5999	CAP-DA	Goods and Services (Pest Eradication Services)	*	*	*	*					**
B4150 BO	CAP-DA	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$0.69	\$0.72	\$0.72				\$0.72	**
B4152 BO	CAP-DA	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 cal	100 CAL	\$0.57	\$0.60	\$0.60				\$0.60	**
B4153 BO	CAP-DA	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$1.97	\$2.07	\$2.07				\$2.07	**
B4154 BO	CAP-DA	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feed	100 CAL	\$1.42	\$1.49	\$1.49				\$1.49	**
B4155 BO	CAP-DA	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$2.55	\$2.68	\$2.68				\$2.68	**

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B4157 BO	CAP-DA	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$3.73	\$3.92	\$3.92				\$3.92 **
B4158 BO	CAP-DA	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$0.64	\$0.67	\$0.67				\$0.67 **
B4159 BO	CAP-DA	Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$0.64	\$0.67	\$0.67				\$0.67 **
B4160 BO	CAP-DA	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories - 1 unit	100 CAL	\$0.55	\$0.58	\$0.58				\$0.58 **
B4161 BO	CAP-DA	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$1.86	\$1.95	\$1.95				\$1.95 **
B4162 BO	CAP-DA	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$3.86	\$4.05	\$4.05				\$4.05 **

Notes:

* Last Updated 12/2021

Billing procedures are in the Community Alternatives Program for Adults, 3K-2 Clinical Coverage Policy in Appendix B.

Providers must bill their usual and customary charges.

** NC Medicaid will continue the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043) through 01/31/2022.

*** NC Medicaid will continue the temporary COVID-19 rate increases for the month of January 2022 for certain services related to HCBS in accordance with Section 9817 of the American Rescue Plan.

**** The corrected two month rate add-on across November and December 2021 provided an additional \$1.00 per 15-minute increment for CAP programs and will apply for January 2022.

***** New Meals and Delivery rate has been increased to \$7.70 as of 01-01-2022. The Temp COVID-19 5% increased will not apply to this service.

Please note: Colored coded text changes (if any) in bold - Additions (BLUE), End Dated (RED) for this period