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
A0090	CAP-DA	Goods and Services (Non-medical Transportation Services)	*	*	*	*			
G9003	CAP-DA	Coordinated Caregiving – High Acuity	Per Diem	\$54.91	\$57.66	\$57.66			
G9004	CAP-DA	Coordinated Caregiving – Low Acuity	Per Diem	\$33.29	\$34.95	\$34.95			
H0045	CAP-DA	Respite Care - Institutional	Per Diem	\$206.98	\$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			
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
S5125 CR	CAP-DA	CAP In-Home Aide (CATASTROPHE / DISASTER RELATED)	15 Min	\$3.90	\$4.10	\$4.51		\$6.25	4.76
S5125 UN	CAP-DA	In-Home Aide Congregate Services	15 Min	\$3.49	\$3.66	\$4.03	\$4.43	\$6.17	4.68
S5150	CAP-DA	Respite - In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$6.70	5.21
S5161	CAP-DA	Personal Emergency Response System (PERS)	Month	\$29.70	\$31.19	\$31.19	ψ4.30	φ0.70	3.21
	CAP-DA		*	ψΔ3.1U *	\$31.19 *	\$31.19 *			
S5165		Equipment, modification and technology - home modification	F!	64.07					
S5170	CAP-DA	Meal Preparation and Delivery	Each	\$4.87	\$5.11	\$5.11		-	
T1016	CAP-DA	Case Management Services Goods and Services (Chore Service - Declutter/Garbage Disposal	Month	\$377.00	\$395.85	\$396			
T1020	CAP-DA	Services) Goods and Services (Participant and Individual-directed Goods and	*	*	*	*			
T2025	CAP-DA	Services)	*	*	*	*		-	
T2028	CAP-DA	Specialized Medical Supplies (medication dispensing boxes)  Equipment, modification and technology - assistive technology for	Each	\$10.89	\$11.43	\$11.43			
T2029	CAP-DA	home or vehicle	*	*	*	*			
T2033	CAP-DA	Community Integration Services	*	*	*	*			
T2038	CAP-DA	Community Transition Services Specialized Medical Supplies (Disposable liner/shield for	*	*	*	*			
T4535	CAP-DA	incontinence)	Each	\$0.34	\$0.37	\$0.37			
T4539	CAP-DA	Specialized Medical Supplies (reusable incontinence undergarments)	Each	\$20.80	\$21.84	\$21.84			
T5999	CAP-DA	Goods and Services (Pest Eradication Services)	*	*	*	*			
D4450 DO	OAR RA	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	400.041	00.00	00.70	00.70			
B4150 BO	CAP-DA	Unit  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 includes fiber	100 CAL	\$0.69	\$0.72	\$0.72			
B4152 BO	CAP-DA	administered through an enteral feeding tube, 100 cal  Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins,	100 CAL	\$0.57	\$0.60	\$0.60			
B4153 BO	CAP-DA	and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$1.97	\$2.07	\$2.07			
		Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals							
B4154 BO	CAP-DA	, may includes fiber, administered through an enteral feed Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides)	100 CAL	\$1.42	\$1.49	\$1.49			
B4155 BO	CAP-DA	or combination, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$2.55	\$2.68	\$2.68			L_
		Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered							
B4157 BO B4158 BO	CAP-DA	through an enteral feeding tube, 100 calories = 1 unit.  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	\$3.73	\$3.92	\$3.92			
B4158 BO B4159 BO	CAP-DA	feeding tube, 100 calories = 1 unit.  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 \$0.64	\$0.67 \$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			
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			

## FEE SCHEDULE

Community Alternatives Program Fee Schedule for Disabled Adults (CAPDA)

Last Updated Nov 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
B4162 BO		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	

PCS CF RATE Effective 11/01/2021 11/30/2021

PC CF RATE Effective 12/01/2021 12/31/2021

## Notes:

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