

**NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
COMMUNITY ALTERNATIVE PROGRAM FOR PERSONS WITH
MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES (CAP-MR/DD) FEE SCHEDULE**
Updated November 1, 2011

SUPPORTS WAIVER TIER 1

CAP-MR/DD Waiver Services				
Procedure Code	Service Description	Billing Unit	Maximum Allowable	Rate Effective Date
<i>The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.</i>				
S5102	Adult Day Health Care Services	Day	\$ 38.25	11/1/2011
V5336	Augmentative Communication Devices - Repairs/Service	*	*	8/1/2010
T2028	Augmentative Communication Devices-Purchase	*	*	8/1/2010
H2019 HO	Behavioral Consultant - Level 2	15 Min	\$ 18.10	11/1/2011
H2019 HP	Behavioral Consultant - Level 3	15 Min	\$ 25.13	11/1/2011
H0045 HI	Crisis Respite	Day	\$ 276.47	11/1/2011
H2011	Crisis Services	15 Min	\$ 5.56	11/1/2011
T2021 HQ	Day Support - Group (2 or more clients)	15 Min	\$ 3.54	11/1/2011
T2021	Day Support - Individual	15 Min	\$ 5.96	11/1/2011
T1019	Enhanced Personal Care	15 Min	\$ 4.61	11/1/2011
T1005	Enhanced Respite Care	15 Min	\$ 4.61	11/1/2011
H2015 HQ	Home and Community Support - Group (2 or more clients)	15 Min	\$ 2.90	11/1/2011
H2015	Home and Community Support -Individual	15 Min	\$ 5.20	11/1/2011
S5165	Home Modifications	*	\$ 15,000.00	9/1/2005
S5110	Individual Caregiver Training and Education	15 Min	\$ 8.30	11/1/2011
H2023 HQ	Long Term Vocational Supports - Group (2-3 clients)	15 Min	\$ 1.69	11/1/2011
H2023	Long Term Vocational Supports - Individual	15 Min	\$ 6.59	11/1/2011
S5161	PERS	Month	\$ 29.49	11/1/2011
S5125	Personal Care Services	15 Min	\$ 3.45	11/1/2011
H0045	Respite Care - Institutional	Day	\$ 205.48	11/1/2011
T1005 TE	Respite Care - Nursing Level LPN	15 Min	\$ 8.58	11/1/2011
T1005 TD	Respite Care - Nursing Level RN	15 Min	\$ 8.58	11/1/2011
S5150 HQ	Respite-Non Institutional Group (2-3 clients)	15 Min	\$ 2.62	11/1/2011
S5150	Respite-Non Institutional Individual	15 Min	\$ 3.45	11/1/2011
T2025	Specialized Consultative Service	15 Min	\$ 17.28	11/1/2011
T1999	Specialized Equipment and Supplies	*	\$ 3,000.00	8/1/2010
H2025 HQ	Supported Employment - Group	15 Min	\$ 1.85	11/1/2011
H2025	Supported Employment - Individual	15 Min	\$ 7.19	11/1/2011
T2001	Transportation	*	\$ 2,000.00	11/1/2008
T2039	Vehicle Adaptations	*	\$ 15,000.00	9/1/2005

* Billing procedures are in the specific CAP manual and Clinical Policy #8M.

Note : Providers must bill their usual and customary charges.

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Waiver Supplies				
Procedure Code	Service Description	Billing Unit	Maximum Allowable	Rate Effective Date
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B4100 BO	Food thickener, administered orally per oz.	Per Oz	\$ 0.55	11/1/2011
B4150 BO	Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.68	11/1/2011
B4152 BO	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 orally administered nutrition, not by feeding tube 100 calories = 1 unit	100 CAL	\$ 0.57	11/1/2011
B4153 BO	Enteral formula nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 1.96	11/1/2011
B4154 BO	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, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 1.26	11/1/2011
B4155 BO	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G medium chain triglycerides) or combination, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.97	11/1/2011
B4157 BO	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 1.17	11/1/2011
B4158 BO	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.63	11/1/2011
B4159 BO	Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals may include fiber and/or iron, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.63	11/1/2011
B4160 BO	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 include fiber, orally administered nutrition, not by feeding tube, 100 calories - 1 unit	100 CAL	\$ 0.55	11/1/2011
B4161 BO	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, orally administered nutrition, not by feeding tube 100 calories = 1 unit	100 CAL	\$ 1.85	11/1/2011
B4162 BO	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, orally administered nutrition, not by feeding tube, 100 calories = 1 unit	100 CAL	\$ 1.17	11/1/2011

*** Billing procedures are in the specific CAP manual and Clinical Policy #8M.**

Note : Providers must bill their usual and customary charges.