

Community Alternatives Program Fee Schedule
for Children (CAPCH)
Effective: October 1, 2009

Procedure Code	Description	Program Description	Billing Unit	Maximum Allowable
H0045	Respite care services, not in the home	Respite Care Institutional	Per Diem	\$ 211.20
S5125	Attendant care services	CAP/C In-Home Aide	15 Min	\$ 3.54
S5150	Unskilled respite care, not hospice	Respite Care In-Home/Aide Level	15 Min	\$ 3.54
S5165	Home modifications	Home Mobility Aids	*	\$ 1,500.00
T1000	Private duty/independent nursing service(s)-licensed, up to 15 minutes	CAP/C Nursing Services	15 Min	\$ 9.18
T1005	Respite care services, up to 15 minutes	Respite Care In-Home/Nurse Level	15 Min	\$ 9.18
T1016	Case management, each 15 minutes	CAP/C Case Management	15 Min	\$ 14.43
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence	Disposable liner/shield for incontinence	Each	\$ 0.34
T4539	Incontinence product, diaper/brief, reusable, any size	Incontinence product, diaper/brief, reusable, any size	Each	\$ 21.22

Additional notes:

Billing procedures are in the specific CAP manual.

Providers must bill their usual and customary charges.