

Community Alternatives Program Fee Schedule for Children (CAPCH)

Effective: March 1, 2010

Revised 8/10/10

Procedure Code	Program Description	Billing Unit	Maximum Allowable Eff. 3-1-10
T1016	Case Management	15 Min	\$ 14.43
T1016 SC	Case Management - additional	15 Min	\$ 14.43
S5165	Home Mobility Aids	*	*
T4535	Incontinence disposable liner/shield	Each	\$ 0.34
T4539	Incontinence product, diaper/brief, reusable, any size	Each	\$ 21.22
S5125	In-Home Aide	15 Min	\$ 3.54
T1000	In-Home Nursing Care	15 Min	\$ 9.18
S5150	Respite Care In-Home Aide	15 Min	\$ 3.54
T1005	Respite Care In-Home Nurse	15 Min	\$ 9.18
H0045	Respite Care Institutional	Per Diem	\$ 211.20

Notes:

1. * Billing procedures are in the specific CAP manual.
2. Providers must bill their usual and customary charges.