

Community Alternatives Program for Children (CAPCH) Fee Schedule
Effective: November 1, 2010

Procedure Code	Program Description	Billing Unit	Maximum Allowable Eff. 11-1-2010
S5110	Caregiver Training and Education	15 Min	\$ 8.53
T1016	Case Management	15 Min	\$ 14.43
T1016 SC	Case Management - additional	15 Min	\$ 14.43
T2038	Community Transition	*	*
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
T2027	In-Home Attendant	15 Min	\$ 2.37
T1000 TD	In-Home Nursing Care - RN level	15 Min	\$ 9.18
T1000 TE	In-Home Nursing Care - LPN level	15 Min	\$ 9.18
S5111	Palliative Care Bereavement Counseling CAPCH	visit	\$ 71.04
99510	Palliative Care Counseling	visit	\$ 71.04
S5108	Palliative Care Expressive Therapy	15 Min	\$ 5.51
T1019	Pediatric Personal Care	15 Min	\$ 4.74
S5150	Respite Care In-Home Aide	15 Min	\$ 3.54
T1005 TD	Respite Care In-Home Nurse - RN level	15 Min	\$ 9.18
T1005 TE	Respite Care In-Home Nurse - LPN level	15 Min	\$ 9.18
H0045	Respite Care Institutional	Per Diem	\$ 211.20
T2039	Vehicle Modifications	*	*
T2029	Waiver Supply; Adaptive Tricycles	*	*

Notes:

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

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T1005	Respite Care In-Home Nurse	15 Min	\$ 9.18
H0045	Respite Care Institutional	Per Diem	\$ 211.20
T2039	Vehicle Modifications	*	*
T2029	Waiver Supply; Adaptive Tricycles	*	*

Notes:

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

Community Alternatives Program Fee Schedule for Children (CAPCH)
Effective: March 1, 2010

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:

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2. Providers must bill their usual and customary charges.

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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.