

Community Alternatives Program Fee Schedule
for Choice (CAPCO)
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
S5102	Day care service, adult	Adult Day Health Care	Per Diem	\$ 39.32
S5125	Attendant care services	CAP/CO In-Home Aide II and III-PC	15 Min	\$ 3.54
S5135	Companion care, adult (e.g. IADL/ADL)	Companion Care	15 Min	\$ 3.54
S5150	Unskilled respite care, not hospice	Respite Care In-Home	15 Min	\$ 3.54
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Telephone Alert	Month	\$ 30.31
S5165	Home modifications; per service	Home Mobility Aids	*	\$ 1,500.00
S5170	Home delivered meals, including preparations; per meal	Preparation & Delivery of Meals	Each	\$ 3.05
T2025	Waiver services; not otherwise specified (NOS)	Waiver Specialized Supply, not otherwise specified	*	\$ 600.00
T2028	Specialized supply; not otherwise specified, waiver	Medication dispensing boxes	Each	\$ 11.11
T2040	Financial management, self-directed, waiver	Financial Management, self-directed, waiver	15 Min	\$ 23.72
T2041	Support brokerage, self-directed, waiver	Care Advisor	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
B4150 BO	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 unit	Wavier Supply	100 CAL	\$ 0.70

Procedure Code	Description	Program Description	Billing Unit	Maximum Allowable
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 includes fiber administered through an enteral feeding tube, 100 cal	Wavier Supply	100 CAL	\$ 0.59
B4153 BO	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Wavier Supply	100 CAL	\$ 2.01
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 includes fiber, administered through an enteral feed	Wavier Supply	100 CAL	\$ 1.29
B4155 BO	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Wavier Supply	100 CAL	\$ 1.00
B4157 BO	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	Wavier Supply	100 CAL	\$ 1.20
B4158 BO	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.	Wavier Supply	100 CAL	\$ 0.65

Procedure Code	Description	Program Description	Billing Unit	Maximum Allowable
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, administered through an enteral feeding tube, 100 calories = 1 unit.	Wavier Supply	100 CAL	\$ 0.65
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 includes fiber, administered through an enteral feeding tube, 100 calories - 1 unit	Wavier Supply	100 CAL	\$ 0.56
B4161 BO	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.	Wavier Supply	100 CAL	\$ 1.90
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.	Wavier Supply	100 CAL	\$ 1.20

Additional notes:

Billing procedures are in the specific CAP manual.

Providers must bill their usual and customary charges.

CAP/Choice waiver program for four counties: Cabarrus, Duplin, Forsyth, and Surry