

Community Alternatives Program Fee Schedule for Choice (CAPCO)
Effective: September 1, 2010

Procedure Code	Program Description	Billing Unit	Maximum Allowable Eff. 9-1-2010
S5102	Adult Day Health Care	Per Diem	\$ 38.79
T2041	Care Advisor	15 Min	\$ 14.24
T2041 SC	Care Advisor - additional	15 Min	\$ 14.24
S5135	Companion Care	15 Min	\$ 3.49
T4535	Disposable liner/shield for incontinence	Each	\$ 0.34
T2040	Financial Management, self-directed, waiver	15 Min	\$ 23.40
S5165	Home Mobility Aids	*	*
T4539	Incontinence product, diaper/brief, reusable, any size	Each	\$ 20.93
S5125	In-Home Aide II and III-PC	15 Min	\$ 3.49
T2028	Medication dispensing boxes	Each	\$ 10.96
S5170	Preparation & Delivery of Meals	Each	\$ 3.01
S5150	Respite Care In-Home	15 Min	\$ 3.49
H0045	Respite Care Institutional	Per Diem	\$ 208.35
S5161	Telephone Alert	Month	\$ 29.90
T2025	Waiver Specialized Supply, not otherwise specified	*	*
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	100 CAL	\$ 0.69
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	100 CAL	\$ 0.58

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	100 CAL	\$ 1.98
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	100 CAL	\$ 1.27
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	100 CAL	\$ 0.99
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.	100 CAL	\$ 1.18
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.	100 CAL	\$ 0.64
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.	100 CAL	\$ 0.64

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	100 CAL	\$ 0.55
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.	100 CAL	\$ 1.87
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.	100 CAL	\$ 1.18

Notes:

1. * Billing procedures are in the specific CAP manual.
2. Providers must bill their usual and customary charges.
3. CAP/Choice waiver program for four counties: Cabarrus, Duplin, Forsyth, and Surry