

Community Alternatives Program Fee Schedule for Choice (CAPCO)
Effective: November 1, 2011

Procedure Code	Program Description	Billing Unit	Maximum Allowable Eff. 11-1-2011
S5102	Adult Day Health Care	Per Diem	\$ 38.26
T2041	Care Advisor	15 Min	\$ 14.05
T2041 SC	Care Advisor - additional	15 Min	\$ 14.05
S5135	Companion Care	15 Min	\$ 3.45
T4535	Disposable liner/shield for incontinence	Each	\$ 0.34
T2040	Financial Management, self-directed, waiver	15 Min	\$ 23.09
S5165	Home Mobility Aids	*	*
T4539	Incontinence product, diaper/brief, reusable, any size	Each	\$ 20.65
S5125	In-Home Aide II and III-PC	15 Min	\$ 3.45
T2028	Medication dispensing boxes	Each	\$ 10.81
S5170	Preparation & Delivery of Meals	Each	\$ 2.97
S5150	Respite Care In-Home	15 Min	\$ 3.45
H0045	Respite Care Institutional	Per Diem	\$ 205.53
S5161	Telephone Alert	Month	\$ 29.50
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	\$ 0.68
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 include fiber administered through an enteral feeding tube, 100 cal	100 CAL	\$ 0.57
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	\$ 1.96
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 include fiber, administered through an enteral feed	100 CAL	\$ 1.26
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	\$ 0.97

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	\$ 1.17
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	\$ 0.63

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