

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE, MEDICAID
COMMUNITY ALTERNATIVES PROGRAM (CAP) FEE SCHEDULE
ANNUAL EFFECTIVE DATE: OCTOBER 1, 2004
Modified: FEBRUARY 2005

CAP/DA (Disabled Adults)			
Procedure Code	Service Description	Billing Unit	Maximum Allowable
H0045	Respite Care Institutional	Day	113.91
S5102	Adult Day Health Care	Day	36.51
S5150	Respite Care In-Home	15 Min	3.60
S5161	Telephone Alert	Month	29.67
S5165	Home Mobility Aids	*	1500.00
S5170	Preparation & Delivery of Meals	Day	3.14
S5125	CAP/DA In-Home Aide II and III-PC	15 Min	3.60
S8409	Disposable liner/shield for incontinence	Each	0.34
T1016	CAP/DA Case Management	15 Min	13.82
T2028	Medication Dispensing Boxes; Specialized supply, not otherwise specified	Each	11.71
T4539	Incontinence product, diaper/brief, reusable, any size	Each	22.36

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