

CAP Fee Schedule for Consumer-Directed Services (CAPCD)

*formerly CAP Choice
Effective April 1, 2020*

Procedure Code	Program Description	Billing Unit	Maximum Allowable
A0090	Goods and Services (Non-medical Transportation Services)	*	*
H0045	Respite Care - Institutional	Per Diem	\$217.33
H2010	Goods and Services (Nutritional Services)	*	*
S5102	Adult Day Health Services	Per Diem	\$40.46
S5111	Training/Education and Consultative Services	*	*
S5125	In-Home Aide	15 Min	\$4.51
S5125 CD	In-Home Aide (CATASTROPHE / DISASTER RELATED)	15 Min	\$4.51
S5125 UN	In-Home Aide Congregate Services	15 Min	\$4.03
S5135	Personal Assistance Services	15 Min	\$4.51
S5135 CD	Personal Assistance Services (CATASTROPHE / DISASTER RELATED)	15 Min	\$4.51
S5135 UN	Personal Assistance Congregate Services	15 Min	\$4.03
S5150	Respite - In-Home Aide	15 Min	\$4.51
S5161	Personal Emergency Response System (PERS)	Month	\$31.19
S5165	Equipment, modification and technology - home modification	*	*
S5170	Meal Preparation and Delivery	Each	\$5.11
T1020	Goods and Services (Chore Service - Declutter/Garbage Disposal Services)	*	*
T2025	Goods and Services (Participant and Individual-directed Goods and Services)	*	*
T2028	Specialized Medical Supplies (medication dispensing boxes)	Each	\$11.43
T2029	Equipment, modification and technology - assistive technology for home or vehicle	*	*
T2033	Community Integration Services	*	*
T2038	Community Transition Services	*	*
T2040	Financial Management Services (CAPCD Only)	Month	\$97.65
T2041	Care Advisement	Month	\$396
T4535	Specialized Medical Supplies (Disposable liner/shield for incontinence)	Each	\$0.37
T4539	Specialized Medical Supplies (reusable incontinence undergarments)	Each	\$21.84
T5999	Goods and Services (Pest Eradication Services)	*	*
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	\$0.72
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	\$0.60

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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	\$2.07
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	\$1.49
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	\$2.68
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	\$3.92
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	\$0.67
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	\$0.67
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	\$0.58
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	\$1.95
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	\$4.05

Notes:

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1.	<i>Billing procedures are in the Community Alternatives Program for Disabled Adults, 3K-2 Clinical Coverage Policy in Appendix B.</i>		
2.	<i>Providers must bill their usual and customary charges.</i>		
3.	<i>CAP/CD waiver program for four counties: Cabarrus, Duplin, Forsyth, and Surry</i>		