

**Community Alternatives Program Fee Schedule for Consumer-Directed Services (CAPCD)**

*formerly CAP Choice*

*Effective: November 1, 2019*

| Procedure Code | Program Description  | Billing Unit | Maximum Allowable Eff. 11-1-2019 |
|----------------|--|--------------|----------------------------------|
| A0090          | Goods and Services (Non-medical Transportation Services)   | *            | *                                |
| H0045          | Respite Care - Institutional   | Per Diem     | \$206.98                         |
| H2010          | Goods and Services (Nutritional Services)  | *            | *                                |
| S5102          | Adult Day Health Services  | Per Diem     | \$38.53                          |
| S5111          | Training/Education and Consultative Services   | *            | *                                |
| S5125          | CAP In-Home Aide   | 15 Min       | \$3.90                           |
| S5135          | Personal Assistance Services   | 15 Min       | \$3.90                           |
| S5150          | Respite - In-Home Aide   | 15 Min       | \$3.90                           |
| S5161          | Personal Emergency Response System (PERS)  | Month        | \$29.70                          |
| S5165          | Equipment, modification and technology - home modification   | *            | *                                |
| S5170          | Meal Preparation and Delivery  | Each         | \$4.87                           |
| 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         | \$10.89                          |
| 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        | \$93.00                          |
| T2041          | Care Advisement  | Month        | \$377                            |
| T4535          | Specialized Medical Supplies (Disposable liner/shield for incontinence)  | Each         | \$0.34                           |
| T4539          | Specialized Medical Supplies (reusable incontinence undergarments)   | Each         | \$20.80                          |
| 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      | \$0.69                           |
| 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      | \$0.57                           |
| 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      | \$1.97                           |
| 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      | \$1.42                           |
| 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      | \$2.55                           |
| 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      | \$3.73                           |
| 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, 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 pediatric, 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      | \$1.86                           |
| B4162 BO       | Enteral formula, for pediatric, 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      | \$3.86                           |

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**Notes:**

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