ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2005 Rate Codes - Transportation

PROC	DESCRIPTION	RATE	EFF DATE
A0080	Non-emergency transportation; per mile-volunteer with no vested or personal interest	$0.10	1-Oct-98
A0090	Non-emergency transportation, per mile-volunteer, interested individual, neighbor	$0.10	1-Oct-98
A0100	Non-Emergency transport, taxi-intra city	$1.10	1-Dec-03
A0110	Non-emergency transport, and bus, intra or inter state carrier	BR	1-Mar-89
A0120	Non-emergency transport, mini-bus, mountain area transports, other non-profit transportation systems	$7.02	1-Dec-03
A0130	Non-emergency transport, wheel-chair van, urban, base	$11.80	1-Dec-03
A0140	Non-emergency transport, air travel, base rate.	$250.85	1-Aug-01
A0160	Non-emergency transport, per mile-case worker or social worker	$0.35	1-Aug-01
A0170	Non-emergency transport, ancillary-parking fees,tolls,other	BR	1-Oct-82
A0180	Non-emergency transport, ancillary-lodging-recipient	BR	1-Mar-89
A0190	Non-emergency transport, ancillary-meals-recipient	BR	1-Oct-82
A0200	Non-emergency transport, ancillary-lodging-escort	BR	1-Mar-89
A0210	Non-emergency transport, ancillary-meals-escort	BR	1-Oct-82
A0225	Ambulance service: neoatal transport, base rate, emergency transport, one way	$844.62	1-Aug-01
A0382	Ambulance sercvice, BLS routine disposable supplies	BR	1-Jan-95
A0398	Ambulance service, ALS routine disposible supplies	BR	1-Jan-95
A0420*	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	BR	1-Jan-95
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	BR	1-Oct-95
A0425*	Ground mileage, per statute mile	$5.34	1-Aug-01
A0426*	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)	$338.21	1-Aug-01
A0427*	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	$338.21	1-Aug-01
A0428*	Ambulance service, basic life support, non-emergency transport(BLS)	$262.01	1-Aug-01
A0429*	Ambulance service, basic life support, emergency transport(BLS-emergency)	$262.01	1-Aug-01
A0430	Ambulance service, conventional air services, transport one way (fixed wing)	$1,081.10	1-Aug-01
A0430-TH	Ambulance service, conventional air services, transp one way (fixed wing) (Maternal/Neonatal specialty)	$2,484.91	1-Aug-01
A0430	Ambulance service, conventional air services, transport one way (fixed wing)	$1,081.10	1-Aug-01
A0430-TH	Ambulance service, conventional air services, transport one way (fixed wing)	$2,484.91	1-Aug-01
A0431	Ambulance service, conventional air services, transp one way (rotary wing) (Maternal/Neonatal specialty)	$1,081.10	1-Aug-01
A0431-TH	Ambulance service, conventional air services, transp one way (rotary wing) (Maternal/Neonatal specialty)	$2,484.91	1-Aug-01

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A0431	Ambulance service, conventional air services, transport one way (rotary wing)	$1,081.10	1-Aug-01
A0431-TH	Ambulance service, conventional air services, transp one way (rotary wing) (Maternal/Neonatal specialty)	$2,484.91	1-Aug-01
A0433	Advanced life support, level 2(ALS2)	$338.21	1-Jan-01
A0434	Specialty care transport (SCT)	$338.21	1-Jan-01
A0435	Fixed wing air mileage, per statute mile	$8.82	1-Aug-01
A0435-TH	Fixed wing air mileage, per statute mile (Maternal/Neonatal specialty)	$21.15	1-Aug-01
A0436	Rotary wing air mileage, per statute mile	$19.43	1-Aug-01
A0436-TH	Rotary wing air mileage, per statute mile (Maternal/Neonatal specialty)	$39.60	1-Aug-01
A0888	Noncovered ambulance mileage, per mile (E.g) for miles traveled beyond closest appropriate facility)	$8.82	1-Aug-01
A0888-TH	Noncovered ambulance mileage, per mile (Maternal/Neonatal specialty)	$21.15	1-Aug-01
A0999	Unlisted ambulance service	BR	1-Mar-89
Q3019	ALS Vehicle Used, Emergency Transport, No ALS Service	BR	1-Apr-02
Q3020	ALS Vehicle Used, Non-emergency Transport, No ALS Services	BR	1-Apr-02
S0209	Wheelchair Van, Mileage, per mile	$1.35	1-Oct-03
S0209-TN	Wheelchair Van, Mileage, per mile, Rural	$1.45	1-Oct-03
S0215	Non-Emergency Transportation; mileage, per mile	$1.12	1-Oct-03
S0215-TN	Non-Emergency Transportation; mileage, per mile, Rural	$1.34	1-Oct-03
T2005	Non-Emergency Transportation, non-ambuatory stretcher van	$51.95	1-Oct-03
T2005-TN	Non-Emergency Transportation, non-ambuatory stretcher van, Rural	$91.75	1-Oct-03
T2007	Transportation Waiting Time, Air Ambulance and Non-emergency	$4.85	1-Oct-03
T2049	Non-emergency Transportation; Stretcher Van, Mileage	$1.35	1-Oct-03
T2049-TN	Non-emergency Transportation; Stretcher Van, Mileage, Rural	$1.45	
W0100	Mileage, ALTCS providers of HCBS services to Native Americans on reservations	$0.35	1-Aug-01

Note: BR = By Report. Beginning 10/1/2002, the capped fee-for-service rate for services described as BR is 65% of the covered billed charges, with the exception of ground ambulance services, which the rate is 80% of the covered billed charges.

* Note: For ambulance companies whose rates are published by the Arizona Department of Health Services, the AHCCCS capped fee-for-service rate is 80% of the ADHS published rate.