

**Arizona Health Care Cost Containment System**  
**Fee-for-Service and MCO Capped Transportation Rates Effective**  
**April 1, 2011 through September 30, 2011**

Non-Emergency Ground Transportation					
HCPS Code	Description	Provider Type	Category of Service	Modifier	Rate (Effective 04/01/2011)
A0080	Non-emerg. Transportation, per mile, volunteer, no vested interest		31		\$ 0.46
A0080	Non-emerg. Transportation, per mile, volunteer, no vested interest		31	TN	\$ 0.46
A0090	Non-emerg. Transportation, per mile, volunteer, vested interest		31		\$ 0.46
A0090	Non-emerg. Transportation, per mile, volunteer, vested interest		31	TN	\$ 0.46
A0100	Taxicab, base rate		31		\$ 1.09
A0100	Taxicab, base rate		31	TN	\$ 1.09
A0120	Ambulatory van, base rate		31		\$ 6.99
A0120	Ambulatory van, base rate		31	TN	\$ 7.65
A0130	Wheelchair van, base rate		31		\$ 11.74
A0130	Wheelchair van, base rate		31	TN	\$ 9.79
A0160	Non-emerg. transportation; per mile, case worker		31		\$ 0.46
A0160	Non-emerg. transportation; per mile, case worker		31	TN	\$ 0.46
A0160	ALTCS HCBS Providers to Native Americans, per mile		31		\$ 0.46
A0160	ALTCS HCBS Providers to Native Americans, per mile		31	TN	\$ 0.46
A0425	Mileage (ALS or BLS)	06	14		\$ 8.04
A0425	Mileage (ALS or BLS)	06	14	TN	\$ 8.04
A0426	ALS Non-Emergency	06	31		\$ 361.20
A0426	ALS Non-Emergency	06	31	TN	\$ 361.20
A0428	BLS Non-Emergency	06	31		\$ 279.82
A0428	BLS Non-Emergency	06	31	TN	\$ 279.82
S0209	Wheelchair van, per mile		31		\$ 1.62
S0209	Wheelchair van, per mile		31	TN	\$ 1.75
S0215	Ambulatory van, per mile		31		\$ 1.35
S0215	Ambulatory van, per mile		31	TN	\$ 1.61
S0215	Taxicab, per mile		31		\$ 1.35
S0215	Taxicab, per mile		31	TN	\$ 1.61
T2005	Stretcher van, base rate		31		\$ 51.67
T2005	Stretcher van, base rate		31	TN	\$ 91.26
T2007	Non-ambulance waiting time, per 30 minutes		31		\$ 4.83
T2007	Non-ambulance waiting time, per 30 minutes		31	TN	\$ 4.83
T2049	Stretcher van, per mile		31		\$ 1.62
T2049	Stretcher van, per mile		31	TN	\$ 1.75

Emergency Ground Transportation					
HCPS Code	Description	Provider Type	Category of Service		Rate (Effective 4/01/2011)
A0420	Ambulance Waiting Time, per half hour	06	14		\$ 14.92
A0425	Ground Mileage, per statute mile	06	14		\$ 8.04
A0427	Ambulance Service, ALS, emergency	06	14		\$ 361.20
A0429	Ambulance Service, BLS, emergency	06	14		\$ 279.82
A0433	Ambulance Service, ALS Level 2	06	14		\$ 361.20

Emergency Air Transportation					
HCPS Code	Description	Provider Type	Category of Service	Modifier	Rate (Effective 4/01/2011)
A0225	Maternal/neonate transport team ground ambulance (per trip)	97	14		\$ 893.55
A0430	Ambulance service, conventional air service, transport, one-way, base rate	97	14		\$ 1,143.73
A0430	Ambulance service, conventional air service, transport, one-way, base rate	97	14	TH	\$ 2,628.87
A0431	Ambulance service, air, helicopter service, transport, base rate	97	14		\$ 1,143.73
A0431	Ambulance service, air, helicopter service, transport, base rate	97	14	TH	\$ 2,628.87
A0435	Air Ambulance, Fixed-wing mileage, per statute mile	97	14		\$ 9.34
A0435	Air Ambulance, Fixed-wing mileage, per statute mile	97	14	TH	\$ 22.39
A0436	Air Ambulance, Helicopter mileage, per statute mile	97	14		\$ 20.58
A0436	Air Ambulance, Helicopter mileage, per statute mile	97	14	TH	\$ 41.94
A0888	Noncovered ambulance mileage, per mile	97	14		\$ 9.34
A0888	Non-covered ambulance mileage, per mile	97	14	TH	\$ 22.28

Modifiers:

TH - Maternal and Neonatal Specialty

TN - Rural Service Area

Note: BR = By Report. Effective 04/01/2011, the capped fee-for-service rate for services described as BR is 61.75% of the covered billed charges with the exception of ground ambulance services, for which the BR rate is 72.2% of the covered billed charges.

Note: For ground ambulance companies whose rates are regulated and approved by the Arizona Department of Health Services, the AHCCCS capped fee-for-service rate multiplier effective April 1, 2011 will be reduced to 72.2%