Arizona Health Care Cost Containment System

Fee-for-Service and MCO Capped Transportation Rates

Effective October 1, 2012 through September 30, 2013

Ground Transportation			
HCPCS	**Description**	**Modifier**	**FFS Rate**
A0080	Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer		$0.44
A0080	Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer	TN	$0.44
A0090	Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family		$0.44
A0090	Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family	TN	$0.44
A0100	Non-Emergency Transportation; Taxi		$1.04
A0100	Non-Emergency Transportation; Taxi	TN	$1.04
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, or Other		$6.64
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, or Other	TN	$7.27
A0130	Non-Emergency Transportation: Wheel-Chair Van		$11.15
A0130	Non-Emergency Transportation: Wheel-Chair Van	TN	$9.30
A0160	Non-Emergency Transportation: Per Mile - Case Worker or Social Worker		$0.44
A0160	Non-Emergency Transportation: Per Mile - Case Worker or Social Worker	TN	$0.44
A0420	Ambulance Waiting Time (ALS or BLS), One Half (1/2) Hour Increments		$14.17
A0425	Ground Mileage, Per Statute Mile		$7.64
A0425	Ground Mileage, Per Statute Mile	TN	$7.64
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALS		$343.14
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALS	TN	$343.14
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1		$343.14
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BLS)		$265.83
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BLS)	TN	$265.83
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency)		$265.83
A0433	Advanced Life Support, Level 2 (ALS 2)		$343.14
A0434	Specialty Care Transport (SCT)		$343.14
A0888	Noncovered Ambulance Mileage, Per Mile (e.g., For Miles Traveled Beyond Closest		$8.87
S0209	Wheelchair Van, Mileage, Per Mile		$1.54
S0209	Wheelchair Van, Mileage, Per Mile	TN	$1.66
S0215	Non-Emergency Transportation; Mileage, Per Mile		$1.28
S0215	Non-Emergency Transportation; Mileage, Per Mile	TN	$1.53
T2005	Non-Emergency Transportation; Stretcher Van		$49.09
T2005	Non-Emergency Transportation; Stretcher Van	TN	$86.70
T2007	Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half		$4.59
T2007	Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half	TN	$4.59
T2049	Non-Emergency Transportation; Stretcher Van, Mileage; Per Mile		$1.54
T2049	Non-Emergency Transportation; Stretcher Van, Mileage; Per Mile	TN	$1.66

Emergency Air Transportation (Provider Type 97)			
HCPCS	**Description**	**Modifier**	**FFS Rate**
A0225	Ambulance Service, Neonatal Transport, Base Rate, Emergency Transport, One Way		$848.87
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)		$1,086.54
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)	TH	$2,497.43
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)		$1,086.54
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	TH	$2,497.43
A0435	Fixed Wing Air Mileage, Per Statute Mile		$8.87
A0435	Fixed Wing Air Mileage, Per Statute Mile	TH	$21.27
A0436	Rotary Wing Air Mileage, Per Statute Mile		$19.55
A0436	Rotary Wing Air Mileage, Per Statute Mile	TH	$39.84
A0888	Noncovered Ambulance Mileage, Per Mile (e.g., For Miles Traveled Beyond Closest		$8.87
A0888	Noncovered Ambulance Mileage, Per Mile (e.g., For Miles Traveled Beyond Closest	TH	$21.17