

## Attachment A

### Provider Rate

Company: \_\_\_\_\_

Procedure Code	Service Description	Rate Effective 7/1/2019	Unit
<b>Ambulance Medical Transportation</b>			
A0428	Basic Life Support (BLS) Base Rate	\$ 132.29	One Way Trip
A0426	Advanced Life Support (ALS), Level 1 Base Rate	\$ 148.32	One Way Trip
A0433	Advanced Life Support (ALS), Level 2 Base Rate	\$ 219.16	One Way Trip
A0434	Specialty Care Transport Base Rate	\$ 234.79	One Way Trip
A0425	Mileage- In-state	\$ 2.09	Per Mile
A0021	Mileage- Out-of-State	\$ 1.68	Per Mile
A0422	Life Sustaining Supplies- Oxygen and oxygen supplies, life sustaining, BLS or ALS	\$ 14.23	Per Unit
<b>Specialty Transportation Services</b>			
A0130	Wheelchair Van Base Rate	\$ 32.04	One Way Trip
S0209	Wheelchair Van Mileage	\$ 1.06	Per Mile
T2005	Stretcher Van Base Rate	\$ 46.37	One Way Trip
T2049	Stretcher Van Mileage	\$ 1.75	Per Mile
<b>Common Transportation</b>			
A0100	Taxicab	PUC	One Way Trip
A0110	Public/Mass Transportation- Bus; Intra or Interstate	MP	Per Trip
A0120	Mobility Van Base Rate- Mini-bus, mountain area transports, or other transportation systems	\$ 18.09	One Way Trip
A0140	Train and/or Commercial Air	MP	Per Trip
<b>Ancillary Escort Services</b>			
T2001	Escort Transportation- Travel Fare for Escort to Medicaid Member	MP	One Way Trip

<b>LEGEND</b>	
MP	Manually Priced
PUC	Public Utility Commission Approved Rate

**EXECUTION PAGE FOLLOWS**