

**Michigan Department of Health and Human Services**  
**Ambulance Fee Schedule**  
**January 2022**

Revised: 07/19/2023

Code	Short Description	Rate	Effective Date**
96365	Ther/Proph/Diag Iv Inf Init	\$39.62	
96366	Ther/Proph/Diag Iv Inf Addon	\$12.28	
A0225	Neonatal Emergency Transport	\$175.30	
A0420	Ambulance Waiting 1/2 Hr	\$36.88	
A0425	Ground Mileage	\$7.86	
A0426	Als 1	\$302.04	
A0427	Als1-Emergency	\$335.73	
A0428	Bls	\$244.29	
A0429	Bls-Emergency	\$244.29	
A0430	Fixed Wing Air Transport	\$915.62	
A0431	Rotary Wing Air Transport	\$1,204.85	
A0433	Als 2	\$376.64	
A0435	Fixed Wing Air Mileage	\$10.97	
A0436	Rotary Wing Air Mileage	\$14.33	
A0998	Ambulance Response/Treatment	\$244.29	
A0999	Unlisted Ambulance Service	M	
J0248*	Inj, Remdesivir, 1 Mg	\$5.51	
M0220*	Tixagev And Cilgav Inj	\$138.30	
M0221*	Tixagev And Cilgav Inj Hm	\$230.17	
M0222*	Bebtelovimab Injection	\$322.06	Rate Effective: 02/11/2022
M0223*	Bebtelovimab Injection Home	\$505.48	Rate Effective: 02/11/2022
M0240*	Casiri And Imdev Repeat	\$413.61	Coverage End: 01/24/2022
M0241*	Casiri And Imdev Repeat Hm	\$688.92	Coverage End: 01/24/2022
M0243*	Casirivi And Imdevi Inj	\$413.61	Coverage End: 01/24/2022
M0244*	Casirivi And Imdevi Inj Hm	\$688.92	Coverage End: 01/24/2022
M0245*	Bamlan And Etesev Infusion	\$413.61	Coverage End: 01/24/2022
M0246*	Bamlan And Etesev Infus Home	\$688.92	Coverage End: 01/24/2022
M0247*	Sotrovimab Infusion	\$413.61	Coverage End: 04/05/2022
M0248*	Sotrovimab Inf, Home Admin	\$688.92	Coverage End: 04/05/2022
Q0220*	Tixagev And Cilgav, 300mg	\$0.00	
Q0221*	Tixagev And Cilgav, 600mg	\$0.00	Rate Effective: 02/24/2022
Q0222*	Bebtelovimab 175	\$0.00	Rate Effective: 02/11/2022
Q0240*	Casirivi And Imdevi 600 Mg	\$0.00	Coverage End: 01/24/2022
Q0244*	Casirivi And Imdevi 1200 Mg	\$0.00	Coverage End: 01/24/2022
Q0245*	Bamlanivimab And Etesevima	\$0.00	Coverage End: 01/24/2022
Q0247*	Sotrovimab	\$2,394.00	Coverage End: 04/05/2022

\*Indicates temporary coverage during COVID-19 Emergency, only allowed in Ambulance-Advanced Life Support.  
Refer to Bulletin MSA 21-17 for provider qualifications.

\*\*Effective date will only be populated when the rate begins after the published fee schedule date.

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.