

Michigan Department of Health and Human Services
Ambulance Fee Schedule
January 2023

Revised: 07/19/2023

Code	Short Description	Rate	Effective Date**
96365	Ther/Proph/Diag Iv Inf Init	\$37.84	
96366	Ther/Proph/Diag Iv Inf Addon	\$12.08	
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	\$144.93	Coverage End: 01/26/2023
M0221*	Tixagev And Cilgav Inj Hm	\$241.23	Coverage End: 01/26/2023
Q0220*	Tixagev And Cilgav, 300mg	\$0.00	Coverage End: 01/26/2023
Q0221*	Tixagev And Cilgav, 600mg	\$0.00	Coverage End: 01/26/2023

*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.