Michigan Medicaid Ambulance Services Database

HCPCS*	Description	Status	04-01-2003 Fee Screen
A0225	NEONATAL BASE RATE	A	$165.40
A0420	AMBUL WAITG TIME PER HALF HR	M	$34.80
A0425	GROUND MILAGE PER STATUTE MILE	A	$3.70
A0426	AMBUL SVC NON-EMERG ALS 1	A	$217.25
A0427	AMBUL SVC EMERG ALS 1	A	$217.25
A0428	AMBUL SVC NON-EMERG BLS	A	$119.25
A0429	AMBUL SVC EMERG. BLS	A	$119.25
A0430	AMBUL SVC ONE WAY FIXED WING	P	$1,036.71
A0431	AMBUL SVC ONE WAY ROTARY WING	A	$1,364.20
A0433	ADVANCED LIFE SUPPORT ALS 2	A	$217.25
A0435	FIXED WING MILAGE PER MILE	A	$12.43
A0436	ROTARY WING MILAGE PER MILE	A	$16.22
A0999	UNLISTED AMBULANCE SERVICE	M	$0.01
Q3019	ALS VEHICLE EMERG NO ALS SERV.	A	$217.25
Q3020	ALS VEHICLE NONEMERG NO ALS SERV	A	$119.25
T2006	AMBUL RESPONSE & TREAT NO TRANSP	A	$119.25

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