

**2011 State and Federal Fee Schedule-Michigan
January 2011 Update Rural and Urban Locality 99**

Medicare 2011 Fee for Service Schedule (Medicare pays 80%, 20% is patient responsibility or secondary insurance). There are annual deductible and co-pays that apply. Private Medicare HMO, PPO, etc. pay at 100% of the Fee Schedule (subject to co-pays and/or deductibles). The 2% Urban, 3% Rural temporary add-on extensions expire 2011.

Urban

Mileage	\$6.86
ALS NON EMERGENCY	\$249.18
ALS EMERGENCY	\$394.53
BLS NON EMERGENCY	\$207.65
BLS EMERGENCY	\$332.24
ALS II	\$571.03
SCT	\$674.85

Rural

Mileage 1-17 miles	\$10.40
Mileage 18 miles or more	\$6.93
ALS Non Emergency	\$251.62
ALS Emergency	\$398.40
BLS Non Emergency	\$209.68
BLS Emergency	\$335.49
ALS II	\$576.63
SCT	\$681.47

Blue Cross Blue Shield of Michigan Fee Schedule

July 1, 2010-December 31, 2011. Co-pay and Deductibles apply according to Individual and/or group contracts.

Mileage	\$10.41
ALS Non ER	\$378.95
ALS ER	\$483.20
BLS Non ER	\$278.44
BLS ER	\$406.90
ALS II	\$699.36
SCT	\$826.52
Oxygen and Oxygen Supplies	\$39.71
Treat/No Transport	\$396.37
Waiting Time-30 minute interval (after the first half hour)	\$54.24*

* payable after the first half hour, waiting time is payable for a round-trip from a hospital to facility to another treatment site, and back to the original hospital or facility.

**Blue Cross Blue Shield of Michigan Fee Schedule
Effective January 1st, 2012**

Mileage	\$11.45
ALS Non ER	\$378.95
ALS ER	\$483.20
BLS Non ER	\$278.44
BLS ER	\$406.90
ALS II	\$699.36
SCT	\$826.52
Oxygen and Oxygen Supplies	\$39.71
Treat/No Transport	\$378.95
Waiting Time-30 minute interval (after the first half hour)	\$54.24*

Michigan Medicaid

Mileage	\$3.27
ALS Non ER	\$191.88
ALS ER	\$191.88
BLS Non ER	\$105.32
BLS ER	\$105.32
ALS II	\$191.88
SCT	\$191.88
Treat/No Transport	\$105.32
Waiting Time	\$30.73**

* payable after the first half hour, waiting time is payable for a round-trip from a hospital to facility to another treatment site, and back to the original hospital or facility. reimbursable after the first 30 minutes when a physician deems it medically necessary for the ambulance provider to wait at the hospital while the patient is being stabilized, with the intent of continuing transport to a more appropriate facility for care or back to the point of origin. Maximum amount of wait time is four hours. Careful documentation clearly documenting the doctor ordered the ambulance provider to wait. Also, any additional time past four hours; requires special consideration and documentation of why this is medically necessary.