

WV Medicaid Ambulance Fee Schedule - Covid increase Phase II*
Effective date 7/1/20 - 12/31/20

HCPCS	Modifier	WV Medicaid Ground and Air Rate
A0425		\$ 7.96
A0427		\$ 422.84
A0429		\$ 356.07

*Temporary increase in A0425, A0427, A0429