

# WV Medicaid Ambulance Fee Schedule

## Effective date 04/01/20

HCPCS	Modifier	WV Medicaid Ground and Air Rate	
A0021		\$ 350.00	
A0120		\$ 9.00	
A0120	HE	\$ 5.95	
A0120	HI	\$ 8.31	
A0160		\$ 0.54	Per mile
A0160	HE	\$ 0.54	Per mile
A0160	HI	\$ 0.54	Per mile
A0160	U1	\$ 0.54	Per mile
A0160	U2	\$ 0.54	Per mile
A0160	U3	\$ 0.54	Per mile
A0160	U4	\$ 0.54	Per mile
A0160	UB	\$ 0.54	Per mile
A0422		\$ 25.00	
A0425		\$ 6.92	
A0426		\$ 232.23	
A0427		\$ 367.69	
A0428		\$ 193.52	
A0429		\$ 309.63	
A0430		\$ 2,192.13	
A0431		\$ 2,548.68	
A0433		\$ 532.18	
A0434		\$ 628.94	effective 9/1/20 opened with CR 33556
A0435		\$ 6.70	
A0436		\$ 17.88	
A0998		\$ 89.18	effective 3/18/20 opened with CR 32696
A0998	HF	\$ 43.44	
H0050	HF	\$ 14.35	
S0207		\$ 265.50	
S0208		\$ 265.50	
S0215		\$ 0.66	Per mile