

WV Medicaid Ambulance Fee Schedule

Effective date 4/1/24 - 3/31/25

**No new codes were opened as of 1/1/24

HCPCS	Modifier	WV Medicaid	
		Ground and	Air Rate
A0021		\$ 350.00	Not Medicare covered
A0120		\$ 9.00	Not Medicare covered
A0120	HE	\$ 5.95	Not Medicare covered
A0160		\$ 0.56	Per mile
A0160	HE	\$ 0.56	Per mile
A0160	U1	\$ 0.56	Per mile
A0160	U2	\$ 0.56	Per mile
A0160	U3	\$ 0.56	Per mile
A0160	U4	\$ 0.56	Per mile
A0160	UB	\$ 0.56	Per mile
A0422		\$ 25.00	Not Medicare covered
A0425		\$9.02	100% Medicare, SPA change
A0426		\$304.21	100% Medicare, SPA change
A0427		\$481.66	100% Medicare, SPA change
A0428		\$253.51	100% Medicare, SPA change
A0429		\$405.61	100% Medicare, SPA change
A0430		\$ 2,581.55	50% Medicare
A0431		\$ 3,001.44	50% Medicare
A0433		\$697.14	100% Medicare, SPA change
A0434		\$823.89	effective 9/1/20 with CR 33556
A0435		\$ 7.88	50% Medicare
A0436		\$ 21.00	50% Medicare
A0998		\$ 89.18	effective 3/18/20 with CR 32696, Not Medicare covered
A0998	HF	\$ 43.44	Not Medicare covered
H0050	HF	\$ 14.35	Not Medicare covered
S0207		\$ 265.50	Not Medicare covered
S0208		\$ 265.50	Not Medicare covered
S0215		\$ 0.66	Per mile