

**West Virginia Medicaid Reimbursement Rates
For Covered Ambulance Services**

Air Ambulance-Rotary Wing

Code	Item	Description	Payment Rate
A0431	Base rate	All inclusive	\$940.00
A0436	Mileage	Distance patient transported	\$25.00 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence

Air Ambulance - Fixed Wing

Code	Item	Description	Payment Rate
A0430	Base rate	All inclusive	\$972.00
A0435	Mileage	Distance patient transported	\$9.00 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence

Ground Ambulance - Basic Life Support Emergency

Code	Item	Description	Payment Rate
A0429	Base rate	BLS, emergency transport	\$112.50
A0422	Oxygen	Unit rate	\$25.00 per unit up to a \$100.00 maximum
A0425	Mileage	Distance patient transported	\$3.80 per mile

Advanced Life Support

Code	Item	Description	Payment Rate
A0426	Base Rate	ALS, non-emergency transport	\$377.50
A0427	Base Rate	ALS, emergency transport (level 1)	\$377.50
A0433	Base Rate	ALS, emergency transport (level 2)	\$377.50
A0425	Mileage	Distance patient transported	\$3.80 per mile

Basic Life Support Non-emergency

Code	Item	Description	Payment Rate
A0428	Base rate	All inclusive	\$90.00
A0425	Mileage	Distance patient transported	\$3.80 per mile

Paramedic Intercept

Code	Item	Description	Payment Rate
S0207	Base rate	Hospital based EMS agency	\$265.50
S0208	Base rate	Non-hospital based EMS agency	\$265.50

Specialized Multi-Patient Medical Transport (SMPMT)

Code	Item	Description	Payment Rate
A0120	Base rate	Transportation to and/or from therapeutic or diagnostic medical service that is covered by Medicaid.	\$9.00
S0215	Mileage	Mileage exceeding 15 miles	\$0.66 per each mile over 15

Below is a list of the modifiers that are affixed to the procedure codes to indicate a trip's origin or destination. The appropriate code modifier must be entered in the proper space on the CMS-1500 claim form.

- D Diagnostic or therapeutic site
- E Residential, domiciliary, custodial facility
- H Hospital
- N Skilled Nursing Facility
- P Physician's Office
- R Residence
- S Scene of an Accident or Acute Event

The preceding codes are combined to report a trip's origin and destination of a member's trip.

For Example:

- EH From an extended care facility to a hospital
- EP From an extended care facility to a physician's office
- HE From a hospital to an extended care facility
- HR From a hospital to patient's residence
- PH From a physician's office to a hospital
- RH From a patient's residence to a hospital
- SH From the scene of an accident to a hospital
- RPPR Van round trip from a member's residence to a physician's office and back to the member's residence