

Effective 1/1/2017, the PEIA's reimbursement for medically necessary Air Ambulance transportation will be changed to the rates below.

Air ambulance, one way, fixed wing transport	A0430	\$4,178.62
Air ambulance, one way, rotary wing transport	A0431	\$4,858.27
Fixed wing air mileage	A0435	\$12.84
Rotary wing air mileage	A0436	\$34.26

The \$75 per crew member will NOT be allowed with these new rates.

This reimbursement rate will apply to Air Ambulance transportation both in West Virginia and outside the state, with the exception of Aetna Signature Administrator contracted providers, outside of West Virginia. The Aetna rates will be allowed for these providers.

PEIA 2017 Ambulance Fee Schedule				
LOCALITY	HCPCS	RURAL BASE RATE / RURAL MILEAGE		
16	A0425	\$7.36		
16	A0426	\$245.32		
16	A0427	\$388.43		
16	A0428	\$204.44		
16	A0429	\$327.10		
16	A0430	\$4,178.62		
16	A0431	\$4,858.27		
16	A0432	\$357.77		
16	A0433	\$562.20		
16	A0434	\$664.42		
16	A0435	\$12.84		
16	A0436	\$34.26		