

KENTUCKY AMBULANCE FEE SCHEDULE

LEXINGTON KY 2021

The following fee schedule is posted here to comply with 202 KAR 7:575. Copies may also be found at each of our Kentucky base locations.

These are the maximum fees charged by our companies in the Commonwealth of Kentucky. The fees in your market may be lower based on different factors including, the type of medical transportation system, response time standards, staffing, regional adjustments, regulatory requirements and/or governmental subsidies.

HCPSC Code	Description	Amount
A0998	Treat and Release	\$348.96
A0426	Ambulance Service, ALS1 Non Emergency	\$1,748.07
A0427	Ambulance Service, ALS1 Emergency (Specialized)	\$1,759.71
A0433	Ambulance Service, ALS level 2	\$1,879.01
A0427	Ambulance Service, ALS level 1—Assessment Only	\$1,518.28
A0427	Ambulance Service, ALS level 1 multiple patients	\$1,759.71
A4028	Ambulance Service, BLS Non Emergency	\$901.63
A0429	Ambulance Service, BLS Emergency	\$1,238.40
A0428	Ambulance Service, BLS Scheduled > 4 hours.	\$901.63
A0429	Ambulance Service, BLS—Multiple Patients	\$1,238.40
A0434	Ambulance Service, Specialty Care Transport (SCT)	\$1,989.37
A0425	Ground Mileage, SCT	\$32.22
A0425	Ground Mileage, Non Emergency	\$20.28
A0425	Ground Mileage, Emergency	\$32.22
A0322	Ambulance Service, BLS—Emerg Mile	\$32.22
A0888	Non Coverage Mileage	\$32.22
A0422	Oxygen	\$170.53
93005	12 LEAD EKG PROCEDURE	\$125.65
A0398	12 LEAD EKG SUPPLY	\$28.99
93041	3 LEAD EKG PROCEDURE	\$125.65
J3490	ACTIVATED CHARCOAL	\$45.65
A0999	ADDITIONAL ATTENDANT/PERSON	\$278.76
J0150	ADENOSINE/ADENOCARD	\$114.14
J3490	ALBUTEROL/PROVENTIL	\$7.61
A0998	ALS SVC—NO TRANSPORT	\$1,627.10
A0427	ALS1 ASSESSMENT ONLY	\$1,518.28

NOTICE: AMBULANCE FEE SCHEDULE

HCP Code	Description	Amount
A0398	AMBU BAG/BVM	\$15.22
A0999	AMBULANCE LIFT ASSIST	\$374.69
J3490	AMIODARONE/CORDARONE	\$7.61
J3490	ASPIRIN	\$7.61
J0461	ATROPINE	\$18.79
A0999	BALLOON PUMP MONITOR	\$284.58
A0999	BARIATRIC TRANSPORTATION	\$469.49
A0398	BIPAP SUPPLIES	\$144.93
A0999	BLOOD DRAW PROCEDURE	\$22.85
A0398	BURN SHEET	\$14.50
J3490	CALCIUM CHLORIDE	\$18.79
A0999	CAPNOGRAPHY PROCEDURE	\$15.22
A0398	CHEST DECOMPRESS SUPP	\$14.50
A0999	CHEST DECOMPRESSION PROC	\$60.87
A0398	COLD PACK	\$7.61
A7030	CPAP SUPPLIES	\$144.93
A0999	CRICOTHYROTOMY PROC	\$266.33
A0398	CRICOTHYROTOMY SUPPLY	\$289.87
A0999	DECEASED TRANSPORT	\$277.95
A0392	DEFIB SUPPLIES	\$72.47
A0392	DEFIBRILLATION PROC	\$38.06
J3490	DEXAMETHASONE/DECADRON	\$7.61
J3490	DEXTROSE 10%	\$22.85
J7042	DEXTROSE 25%	\$20.71
J7042	DEXTROSE 50%	\$22.85
J3360	DIAZEPAM/VALIUM	\$31.30
J3490	DILTIAZEM/CARDIZEM	\$45.65
J1200	DIPHENHYDRAMINE/BENADRYL	\$7.61
A0382	DISPOSABLE LINEN	\$37.17
A0382	DISPOSABLE SUPPLIES	\$35.91
J1250	DOBUTAMINE	\$8.48
J3490	DOPAMINE/INTROPIN	\$7.61
93041	EKG	\$125.65

NOTICE: AMBULANCE FEE SCHEDULE

HCPGS Code	Description	Amount
A0398	EKG MONITOR SUPPLIES	\$14.50
J0171	EPINEPHRINE/ADRENALIN 1 10000	\$13.81
J0171	EPINEPHRINE/ADRENALIN 1 1000	\$7.25
J3490	ETOMIDATE/AMIDATE	\$36.52
A0398	EXTREMITY SPLINT SUPPLY	\$7.25
A0999	EZ IO PROCEDURE	\$325.69
J3010	FENTANYL CITRATE/SUBLIMAZE	\$56.33
A0398	FILTERLINE SET ADAPTER	\$14.50
A0999	FLIGHT/MED TEAM RETURN	\$491.55
J1940	FUROSEMIDE/LASIX	\$7.61
J1610	GLUCAGON/GLUCAGEN	\$270.92
A0398	GLUCOMETER SUPPLY	\$7.25
J3490	GLUCOSE	\$15.22
A0999	HAZARDOUS SCENE STANDBY PER HR	\$396.87
A0398	HOT PACK	\$7.61
A0999	INFUSION PUMP MGMT	\$138.49
A0398	INFUSION PUMP TUBING	\$7.25
A0999	I-GEL AIRWAY SUPPLY	\$98.59
J1820	INSULIN	\$208.41
A0999	INTUBATION PROC	\$53.27
A0396	INTUBATION SUPPLIES	\$28.99
A0398	IRRIGATION SUPPLIES	\$14.50
A0999	IV PUMP	\$92.65
A0999	IV START PROCEDURE	\$101.14
J3490	KETAMINE	\$20.71
J1885	KETOROLAC TROMETHAMINE/TORADOL	\$7.61
A0398	KING AIRWAY	\$114.14
J2001	LIDOCAINE	\$14.50
J2001	LIDOCAINE 2%	\$14.50
J3490	LIDOCAINE DRIP	\$9.76
J2060	LORAZEPAM/ATIVAN	\$14.50
J2060	MAGNESIUM SULFATE	\$7.61

NOTICE: AMBULANCE FEE SCHEDULE

HCPCS Code	Description	Amount
A0398	MAJOR DRESSING	\$14.50
J2930	METHYLPREDNISOLONE/SOLU-MEDROL	\$15.22
J2250	MIDAZOLAM/VERSED	\$7..61
A0425	MILEAGE 2 PATIENTS	\$32.22
A0398	MINOR DRESSING	\$14.50
J2270	MORPHINE	\$7.61
J2310	NALOXONE/NARCAN	\$59.45
A0999	NASAL AIRWAY PROC	\$7.61
A0398	NASAL AIRWAY SUPPLY	\$7.25
A4615	NASAL CANNULA	\$14.50
A0999	NASAL GASTRIC TUBE PROC	\$15.22
J2370	NEOSYNEPHRINE	\$7.61
J3490	NITRO OINTMENT/PASTE	\$7.61
J3490	NITROGLYCERIN 0.4MG/Dose Spray	\$45.65
J3490	NOREPINEPHRINE/LEVOPHED	\$27.45
J7030	NORMAL SALINE BAG	\$14.50
A0398	O2 SUPPLIES/NEBULIZER	\$14.50
A0999	OB DELIVERY PROC	\$38.06
A0398	OB DELIVERY SUPPLIES	\$28.99
J2405	ONDANSETRON 2MG/ML Syringe	\$7.61
J3490	OBDANESTRON/ZOFRAN	\$7.61
A0398	ORAL AIRWAY PROC	\$7.61
A0398	ORAL AIRWAY SUPPLY	\$7.25
A0398	OSHA	\$39.35
A4620	OXYGEN MASK NRB	\$14.50
A0999	PACING EXTERNAL PROC	\$38.06
A0398	PACING SUPPLIES	\$43.48
A0432	PARAMEDIC INTERCEPT	\$1,713.15
J2690	PROCAINAMIDE	\$48.32
J3490	PROPOFOL/DIPRIVAN	\$34.52
A0999	PULSE OXIMETRY PROC	\$15.22
A0999	RAPID SEQUENCE INTUBATION	\$91.31
A0999	RESTRAINT PROCEDURE	\$15.22

NOTICE: AMBULANCE FEE SCHEDULE

HCPSC Code	Description	Amount
A0398	RESTRAINTS	\$14.50
J3490	ROCURONIUM BROMIDE/ZEMURON	\$45.65
J3490	SODIUM BICARB 4.2% ABJT	\$18.69
J3490	SODIUM BICARB 8.4% ABJT	\$15.22
A0999	SPINAL IMMOB—KED	\$7.61
J0330	SUCCINYCHOLINE/ANECTINE	\$13.81
A0398	SUCTION SUPPLIES	\$14.50
A0999	SUCTIONING PROCEDURE	\$22.85
J3490	THIAMINE	\$45.65
A0998	TREAT AND RELEASE	\$377.40
J3490	VASOPRESSIN	\$15.22
A0999	VENTILATOR	\$152.75
A0398	VENTILATOR CIRCUIT	\$28.99
A0398	VENTILATOR SUPPLY	\$28.99
A0420	WAIT TIME/15 MIN	\$30.05
A0420	WAIT TIME/PER 30 MIN	\$60.10

Notice of Emergency Ground Ambulance Patient Transport Rates

At the time of emergency transport, we do not ask or know if a patient has insurance coverage for the transport, so we cannot know how much (if any) of our billed rates will be covered by a patient's insurance.

We are a Medicare provider, a Medicaid provider in many states, and an in-network provider for some commercial insurance companies and other payors. For Medicare, our reimbursement is set by CMS. For other contracted payors, our reimbursement is set in our provider agreement and a patient's out of pocket payment may be substantially less than our charges depending on the applicable benefit plan. The rates shown above are our standard charges for patient transport and related services ("Charges"). By receiving our transport or other services, you (or the person financially responsible for your care) expressly:

- authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided, and request that payment of authorized Medicare, Medicaid, or any other insurance be made on your behalf directly to us as your provider;
- agree to immediately remit to us as your provider any payments that you receive directly from insurance or any source whatsoever meant to cover all or any portion of the services provided to you, and you assign all rights to such payments to us as your provider;
- agree to be financially responsible for the billed Charges for the services provided, regardless of insurance coverage, and in some cases you may be responsible for an amount in addition to that which is paid by your insurance, such as co-pay, co-insurance, deductible, and any remaining balance;
- acknowledge your understanding that the Charges are the usual and regular rate for the services provided and accept and agree to the express Charges as posted; and
- agree the Charges represent the price term for any service provided and are fully incorporated into any authorization to bill, financial responsibility agreement, or any other agreement with us as your provider that covers the services provided.

Unless we have expressly agreed otherwise in writing and in advance of a transport, we expect our patients, their responsible parties and their insurance providers to pay our billed Charges for using the services we provided. After transport, we may agree to discounts based on patient financial hardship, prompt payment, or other factors in our sole discretion.

We recognize the financial difficulty unexpected medical problems can cause. It is our goal to serve you with compassion, courtesy, respect, and confidentiality. Our Patient Advocates are available to help you obtain medical benefits and answer any questions at 1-877-288-5340. We participate in a number of federal, state, and other assistance programs that are designed to assist you in resolving your financial obligations for the services received.