

CODE

## Nelson County EMS

1301 Atkinson Hill Avenue

Director

MAVIMIIM AMT

Michael Reynolds

Bardstown, XV 40004

Business Phone (502)348-4929 Fax (502)348-2852

## Revised 07/01/2024 KENTUCKY HEALTH POLICY BOARD REQUIRED LISTING FOR AMBULANCE SERVICES OR PROCEDURES

## COUNTY OF NELSON / NELSON COUNTY EMS LICENSE #1363

CEDVICEC

CODE	<u>SERVICES</u> <u>MA.</u> CHARGED	<u>XIMUM AMI.</u>
40.420		0053.00
A0428	Basic Life Support, Non-Emergency	\$853.00
A0429	Basic Life Support, Emergency	\$1002.00
A0426	Advanced Life Support, Non-Emergency	<i>\$1087.77</i>
A0427	Advanced Life Support, Emergency	\$1325.60
A0433	Advanced Life Support II, Emergency	\$1520.00
A0425	Advanced/Basic Life Support, Mileage	\$19.44
A0998	Treat No Transport/Lift Assist	\$258.50
A0422	Oxygen Supply	\$57.00
A0382	BLS Disposable Supplies	\$165.18
A0398	ALS Disposable Supplies	\$227.50
A0382	Cervical Stabilization	\$62.00
A0424	Wait Time	\$7.7.55
	Return Check Fee	\$50.00
	Stand by Fee	\$258.50

## House Bill 250, Section 16:

- (1) Every person receiving medical treatment in the Commonwealth of Kentucky shall have the right, upon request, to receive a written statement as to a Provider's charge for services to be rendered prior to the service being performed. Providers shall, upon request, deliver the fees to be charged to the person in writing.
- (2) Every person under a contract issued by an Insurer, Health Maintenance Organization, or Accountable Health Plan delivered or issued for delivery in the Commonwealth of Kentucky shall have the right, upon request, to receive information about the reimbursement amount to be paid to a Provider by the Insurer under the Health Maintenance Organization or Accountable Health Plan prior to receiving services from the Provider. Each Insurer, Health Maintenance Organization or Accountable Health Plan shall, upon request, disclose the reimbursement to be paid to the Provider under the terms of the contract for the service specified.