

Revised 07/01/2023
**KENTUCKY HEALTH POLICY BOARD REQUIRED LISTING FOR
 AMBULANCE SERVICE OR PROCEDURES**

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

CODE	SERVICES	MAXIMUM AMT CHARGED
A0428	<i>Basic Life Support, Non- Emergency</i>	\$ 775.00
A0429	<i>Basic Life Support, Emergency</i>	\$ 910.00
A0426	<i>Advanced Life Support, Non Emergency</i>	\$ 989.00
A0427	<i>Advanced Life Support, Emergency</i>	\$ 1,204.00
A0433	<i>Advanced Life Support II, Emergency</i>	\$ 1,380.00
A0425	<i>Advanced/Basic Life Support Mileage</i>	\$ 17.65
A0998	<i>Treat No Transport/Lift Assist</i>	\$ 240.00
A0422	<i>Oxygen Supply</i>	\$ 55.00
A0382	<i>BLS Disposable Supplies</i>	\$ 159.75
A0398	<i>ALS Disposable Supplies</i>	\$ 220.00
A0382	<i>Cervical Stabilization</i>	\$ 60.00
A0424	<i>Wait Time</i>	\$ 75.00
	<i>Return Check Fee</i>	\$ 50.00
	<i>Stand-By Fee</i>	\$ 240.00

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.