

AIR AMBULANCE FEE SCHEDULE (RW)

The following fee schedule is posted here to comply with 202 KAR 7:675. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Blue Cross Blue Shield of Kentucky, Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

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.

HCP Code	Description	Amount
J0153	Adenosine 1unit/1mg	\$28.32
J0282	Amiodarone 1 unit per 30 mg	\$22.64
J0290	Ampicillin 1unit/500mg	\$34.33
J0690	Ancef 1unit/500mg	\$11.86
J0360	Apresoline 1unit/20mg	\$165.06
36620	Arterial Monitor Placement	\$771.86
J2060	Ativan 1unit/2mg	\$45.88
J0461	Atropine - 1unit/0.01mg	\$0.42
J3420	B12 1unit/1000mcg	\$11.04
J1200	Benadryl 1unit/50mg	\$23.26
36430	Blood Administration	\$798.28
36440	Blood Admin IV Push (< 2 yrs)	\$1,012.55
J3490	Calcium Chloride 1unit/100mg	\$56.57
J0610	Calcium Gluconate 1unit/10 ml	\$48.00
J3490	Cardene 1 unit / infusion	\$41.78
J3490	Cardizem 1unit/5mg	\$46.55
Q2009	Cerebyx 1unit/50mg	\$106.57
J3490	Clevidipine 1unit/1mg	\$200.63
J3490	Clindamycin 1unit/300mg	\$62.67
J0780	Compazine 1unit/10mg	\$30.00

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HCPCS Code	Description	Amount
92950	Chest Compression / CPR	\$1,148.61
31605	Needle & Surgical Cricothyroto	\$3,392.23
J0840	Crofab 1unit/1gm	\$9,577.99
32551	Chest Tube Insertion	\$1,430.12
J7070	D5W 1unit/1000cc	\$152.36
J7060	D5W 1unit/500cc	\$76.18
J1100	Decadron 1unit/1mg	\$4.25
A0392	Defibrillation Supplies	\$222.51
J1170	Dilaudid 1unit/4mg	\$74.22
J1165	Dilantin 1unit/50mg	\$10.00
J3490	Diprivan 1unit/10mg	\$221.92
A0398	ALS disposable Supplies	\$309.44
A0382	BLS Disposable Supplies	\$232.08
J1250	Dobutamine 1unit/infusion	\$101.39
J1265	Dopamine 1unit/infusion	\$110.25
J1790	Droperidol 1unit/5mg	\$397.32
J1364	Erythromycin (EES) 1unit/500mg	\$300.92
93041	EKG Monitoring 3 Leads	\$125.61
93005	EKG Tracing 12 Leads	\$107.65
J0171	Epi (1:1000) 1unit/0.1mg	\$6.72
J0171	Epi (1:10000) 1unit/0.1mg	\$2.65
J3490	Esmolol 1unit/10mg	\$91.72
J3490	Etomidate 1unit/2mg	\$172.94
J3010	Fentanyl Citrate 1unit/0.1mg	\$39.76
82962	Dextrostix - Blood Glucose	\$43.86
J1610	Glucagon 1unit/1mg	\$1,507.24
J1630	Haldol 1unit/5mg	\$117.64
J1644	Heparin 1unit/1000unit dose	\$80.79
33999	Intra Aortic Ballon Pump	\$895.46
96372	Sub-Q or IM Injection	\$190.32

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J1800	Inderal 1unit/1mg	\$52.02
J1815	Insulin 1unit/5units	\$9.62
31500	Intubation Procedure	\$1,007.55
36680	EZ-IO Intraosseous Insertion	\$821.74
96374	IV Push	\$253.76
96375	IV Push (New drug)	\$253.76
96379	IV Push Same Drug 2nd push	\$253.76
A0394	IV Drug Therapy Supplies	\$633.69
J3480	Potassium Chlor 1unit/2meq	\$16.67
J3490	Ketamine 1unit/100mg	\$36.54
J3490	Labetatol	\$2.60
J1940	Lasix 1unit/20mg	\$25.87
J3490	Levophed 1unit/infusion	\$56.90
J2001	Lidocaine 1unit/10mg	\$8.50
J3490	Lopressor 1unit/1mg	\$11.06
J1650	Lovenox 1unit/10mg	\$141.41
J7120	Lactated Ringers 1unit/1000cc	\$39.30
J3475	Magnesium Sulfate 1unit/unfusi	\$40.82
J2150	Mannitol PreMix 1unit/infusion	\$184.96
J2210	Methergine 1unit/0.2mg	\$154.99
J2270	Morphine Sulfate 1unit/10mg	\$44.29
J2300	Nalbuphine 1unit/10mg	\$14.55
J2310	Narcan 1unit/1mg	\$147.77
A0800	Night Call - Air	\$398.10
94640	Nebulizer Inhltn Therapy <1 hr	\$214.41
94644	Nebulizer Inhltn Therapy >1 hr	\$214.41
J3490	Nipride 1unit/infusion	\$1,955.10
J3490	Norcuron 1unit/1mg	\$16.98
J7030	NS IV Solution 1unit/1000cc	\$31.22
J7040	NS IV Solution 1unit/500cc	\$38.26

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HCPCS Code	Description	Amount
J3490	Nitroglycerin IV 1unit/infusio	\$169.53
59410	OB Delivery and Post Care	\$4,917.93
J3490	Ofirmev 1g/100ml	\$151.83
A0422	Oxygen and Oxygen Supplies	\$872.54
92953	External Transcutaneous Pacing	\$287.49
S0028	Pepcid 1unit/20mg	\$21.23
33010	Pericardiocentesis	\$963.27
J2550	Phenergan 1unit/50mg	\$66.46
J2560	Phenobarbital 1unit/120mg	\$45.33
J2590	Pitocin 1unit/10mg	\$67.27
J2730	Pralidoxime 1unit/1gm	\$754.23
J2690	Procainamide 1unit/1gm	\$194.18
J2760	Regitine 1unit/5mg	\$548.95
J2765	Reglan 1unit/10mg	\$27.80
J0696	Rocephin 1unit/250mg	\$70.43
J3490	Rocuronium 1unit/10mg dose	\$22.30
J3490	Romazicon 1unit/0.1mg	\$36.05
J2354	Sandostatin 1unit/25mcg	\$27.15
J2930	Solu-Medrol 1unit/125mg	\$95.79
J0330	Succinylcholine 1unit/20mg	\$16.99
J3105	Terbutaline 1unit/1mg	\$200.25
J3411	Thiamine 1unit/100mg	\$88.91
J3490	Tranexamic 1unit/1gm	\$159.85
36510	UVC Placement	\$683.11
J3360	Valium 1unit/5mg	\$15.49
J3370	Vancomycin 1unit/500mg	\$117.95
J3490	Vasopressin 1unit/20unit dose	\$104.38
J3490	Vasotec 1unit/1.25mg	\$60.88
94002	Ventilator Use / Monitoring	\$557.44
J2250	Versed 1unit/1mg	\$20.47

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HCPSC Code	Description	Amount
A0420	Wait Time Air	\$120.38
J3486	Ziprasidone 1unit/10mg	\$126.44
J2405	Zofran 1unit/1mg	\$30.55
J2543	Zosyn 1unit/gm	\$51.86
A0431	Ambulance Service, conventional air services, transport, one way, rotor wing (RW)	\$31,570
A0436	Air mileage; (RW)	\$322

Notice of Emergency Air Ambulance Patient Transport Rates

We are a federally-regulated air carrier that transports medically necessary, emergency patients regardless of a patient's ability to pay. 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 rates are set by CMS. For other payors with whom we are an in-network provider, our rates are set in our provider agreement. For all other patients, the rates (Charges) shown above are our charges for patient transport and related services.

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 do not agree to state or local laws that set or relate to our rates, routes or services, nor do we agree to any judicial or administrative bodies setting or determining our rates, routes or services, in a manner different than as set by us (except the U.S. Department of Transportation to the extent authorized by federal law) whether in the implied contract context or otherwise.

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