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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES

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March 6, 2024

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Re: 907 KAR 1:061. Payments for Ambulance Transportation Services

Dear Regulations Compiler:

After discussions with various stakeholders of the issues raised by 907 KAR 1:061, the Department for Medicaid Services proposes the attached agency amendment to 907 KAR 1:061.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Lucie Estill
Staff Assistant
Office of Legislative and Regulatory Affairs

3/5/2024
Agency Amendment
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
Division of Health Care Policy

907 KAR 1:061. Payments for ambulance transportation.

Page 4
Section 2(2)(g)1.
Line 7

After “and as consistent with”, insert the following:
the Kentucky Medicaid Transportation Fee Schedule at
<https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Page 4
Section 2(2)(g)1.
Lines 8-9

Delete the following:
Healthcare Common Procedure Coding System (HCPCS) code A0998 at the
Kentucky Medicaid Transportation Fee Schedule rate for code A0249 (BLS base,
hospital)

Page 4
Section 2(2)(g)2.
Line 10

After “be billable;” delete “and”.

Page 4
Section 2(2)(h)1.
Line 14

After “and as consistent with”, insert the following:
the Kentucky Medicaid Transportation Fee Schedule at
<https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Page 4
Section 2(2)(h)1.
Lines 15-16

Delete the following:
Healthcare Common Procedure Coding System (HCPCS) code A0998 at the
Kentucky Medicaid Transportation Fee Schedule rate for code A0249 (BLS base,
hospital)

Page 4
Section 2(2)(h)2.

Line 17

After “per mile” insert “; and”.

Page 4

Section 2(2)(h)

Line 17

After per mile”, insert the following:

(i) The rates in this subsection may be increased as consistent with the Kentucky Medicaid Transportation Fee Schedule at <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Page 5

Section 2(4)(b)

Line 6

After “one (1) way trip” insert the following:

or as increased consistent with the Kentucky Medicaid Transportation Fee Schedule at <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>