



Medicare and Ambulance Services

If you have Original Medicare, Medicare Part B (Medical Insurance) will cover ambulance services to or from a hospital, critical access hospital, or a skilled nursing facility only when other transportation could endanger your health. In some cases, Medicare may cover ambulance services from your home or a medical facility to get care for a health condition that requires you to be transported only by ambulance. Medicare may also cover ambulance services to or from a dialysis facility for people with End-Stage Renal Disease (ESRD) who need dialysis, and other transportation could endanger their health.

Medicare covers the following types of ambulance services:

Type of Ambulance Transportation	When is it Provided?	What Conditions Do I Have to Meet?
Emergency Ground (vehicle)	After you've had a sudden medical emergency, when your health is in serious danger, when every second counts to prevent your health from getting worse, and when other transportation could endanger your health. For example, you're in severe pain, bleeding, in shock, or unconscious.	Coverage depends on the seriousness of your medical condition and whether you could have been safely transported by other means.
Emergency Air (airplane or helicopter)	If your health condition requires immediate and rapid ambulance transportation that ground transportation can't provide. For example, you're involved in a life-threatening car accident and transportation by ground ambulance would seriously endanger your health.	You must have a condition that requires immediate and rapid ambulance transportation that ground transportation can't provide, and either your pickup location is: 1) hard to get to by ground transportation; or 2) great distances or other obstacles, like heavy traffic, could stop you from getting care quickly if you traveled by ground ambulance.
Non-emergency Ground	When you need ambulance transportation to diagnose or treat your health condition and transportation in any other vehicle could endanger your health. For example, you're confined to bed (and meet certain conditions) and need to be transported to get dialysis treatments.	In some cases, you must have orders from your doctor or other health care provider stating that ambulance transportation is necessary because of your medical condition.



What Does Medicare Pay?

For each type of covered ambulance transportation, Medicare pays 80% of the Medicare-approved amount after you have met the yearly Part B deductible. Medicare's payment may be different if you are transported by a critical access hospital (CAH), or an entity that is owned and operated by a CAH.

What Do I Pay?

You pay 20% of the Medicare-approved amount after you have met the Part B deductible. In most cases, the ambulance company can't charge you more than 20% of the Medicare-approved amount. What you pay may be different if you are transported by a critical access hospital (CAH), or an entity that is owned and operated by a CAH. All ambulance companies must accept the Medicare-approved amount as payment in full.

Important Points to Remember:

- If you choose to be transported to a specific facility, Medicare's payment will be based on the payment rate to the closest appropriate facility.
- If no local facilities are able to give you the care you need, Medicare will pay for transportation to the nearest appropriate facility outside of your local area.
- Medicare won't pay transportation from one facility to another so you can be closer to your home or family.
- If Medicare doesn't cover your ambulance trip and you think it should have been covered, you have a right to appeal. Review your Medicare Summary Notice (MSN) to find out what appeal steps you can take.
- For non-emergency ambulance services, the ambulance company might ask you to sign an Advance Beneficiary Notice (ABN) if they believe Medicare won't pay for your trip. If you sign the notice and the ambulance company decides to take you, you're responsible for paying for the cost of the trip if Medicare doesn't pay. If you refuse to sign the ABN and the ambulance company decides to take you, you may still be responsible for paying the cost of the trip if Medicare doesn't.
- If you're in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, what you pay and the rules for ambulance coverage may be different. Read your plan materials or call your benefits administrator for more information.

For More Information:

- Visit <http://go.usa.gov/xzP> to view the booklet "Medicare Coverage of Ambulance Services."
- Call your local State Health Insurance Assistance Program (SHIP). Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to get the phone number. TTY users should call 1-877-486-2048.