CENTERS for MEDICARE
& MEDICAID SERVICES

Medicare Coverage of Ambulance Services

This official government booklet explains:

- ★ When Medicare helps cover ambulance services
- ★ What you pay
- ★ What Medicare pays
- ★ What to do if Medicare doesn't cover your ambulance service

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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"Medicare Coverage of Ambulance Services" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

The information in this booklet describes the Medicare program at the time this booklet was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

The information in this booklet applies to all people with Original Medicare.

If you have a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, you have the same basic benefits, but the rules vary by plan. Your costs, rights, protections, and choices of where you can get your care may be different if you have one of these plans. For more information, read your plan materials or call your plan.

Medicare coverage of ambulance services

Words in blue are defined on pages 13–14.

Medicare Part B (Medical Insurance) covers ambulance services to or from a hospital, critical access hospital (CAH), or a skilled nursing facility (SNF). Medicare covers and helps pay for ambulance services **only** when other transportation could endanger your health, like if you have a health condition that requires this type of transportation. In some cases, Medicare may also cover ambulance services if you have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant), need dialysis, and need ambulance transportation to or from a dialysis facility.

Medicare will only cover ambulance services to the nearest appropriate medical facility that's able to give you the care you need. If you choose to be transported to a facility farther away, Medicare's payment will be based on the charge 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 facility outside your local area that's able to give you necessary care.

Emergency ambulance transportation

You can get emergency ambulance transportation when you've had a sudden medical emergency, and your health is in serious danger because you can't be safely transported by other means, like by car or taxi.

These are some examples of when Medicare might cover emergency ambulance transportation:

- You're in shock, unconscious, or bleeding heavily.
- You need skilled medical treatment during transportation.

Remember, these are only examples. Medicare coverage depends on the seriousness of your medical condition and whether you could've been safely transported by other means.

Air transportation

Medicare may pay for emergency ambulance transportation in an airplane or helicopter if your health condition requires immediate and rapid ambulance transportation that ground transportation can't provide, and one of these applies:

- Your pickup location can't be easily reached by ground transportation.
- Long distances or other obstacles, like heavy traffic, could stop you from getting care quickly if you traveled by ground ambulance.

Non-emergency ambulance transportation

You may be able to get non-emergency ambulance transportation if such transportation is needed to treat or diagnose your health condition and the use of any other transportation method could endanger your health.

In some cases, Medicare may cover limited, medically necessary, non-emergency ambulance transportation if you have a written order from your doctor stating that ambulance transportation is necessary due to your medical condition. Even though a situation isn't an emergency, ambulance transportation may be medically necessary to get you to a hospital or other health facility.

Note: If you get scheduled, non-emergency ambulance transportation for 3 or more round trips in a 10-day period or at least once a week for 3 weeks or more from an ambulance company based in **New Jersey, Pennsylvania, South Carolina, Maryland, Delaware, the District of Columbia, North Carolina, Virginia, or West Virginia**, you may be affected by a Medicare program. Under this program, your ambulance company may send a request for prior authorization to Medicare before your fourth round trip in a 30-day period, so you and the company will know earlier in the process if Medicare is likely to cover your services. Either you or your ambulance company may request prior authorization for these repetitive, scheduled, non-emergency ambulance services. If your prior authorization request isn't approved and you continue getting these services, Medicare will deny the claim and the ambulance company may bill you for all charges. For more information, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

"Advance Beneficiary Notice of Noncoverage" (ABN)

When you get ambulance services in a non-emergency situation, the ambulance company considers whether the transportation may be covered by Medicare. If the transportation would usually be covered, but the ambulance company believes that Medicare may not pay for your particular ambulance service because it isn't medically reasonable and necessary, it must give you an "Advance Beneficiary Notice of Noncoverage" (ABN) to charge you for the service. ABNs have option boxes that allow you to choose whether you want the service and explain your responsibility to pay for the service. If you choose the option box indicating that you want and will pay for the service, and you sign the ABN, you're responsible for paying if Medicare doesn't pay. The ambulance provider may ask you to pay at the time of service.

Words in blue are defined on pages 13–14.

Example: Mr. Smith is a hospital inpatient and needs to travel to a different hospital for a procedure that can't be done in the hospital where he was admitted. Mr. Smith requires ground ambulance transportation because of his medical conditions, but he asks to be transported by air ambulance. Medicare will cover the cost of the ground ambulance transportation, but won't cover air ambulance transportation because this level of service isn't medically reasonable or necessary. The ambulance company must give Mr. Smith an ABN before transporting him by air ambulance or the ambulance company will be responsible for any costs over the amount that would've been paid for ground ambulance transportation.

If you're in a situation that requires an ambulance company to give you an "Advance Beneficiary Notice of Noncoverage" (ABN) and you refuse to sign it, the ambulance company will decide whether to take you by ambulance. If the ambulance company decides to take you, even though you refused to sign the ABN, you may still be responsible for paying the cost of the trip if Medicare doesn't pay. You won't be asked to sign an ABN in an emergency situation.

Voluntary ABN

If an ambulance company believes that Medicare won't cover an ambulance service because it doesn't meet Medicare's definition of a covered service, it may give you a voluntary ABN as a courtesy. In this situation, the ambulance company isn't required to give you an ABN to bill you for the service. If the ambulance company does give you a voluntary ABN, you aren't required to choose an option box or sign it. In this situation, the ambulance company expects that Medicare won't pay for the service, and you'll be financially responsible if Medicare doesn't pay.

Example: Mrs. Lee falls in her front yard and her neighbor calls an ambulance. She isn't in distress, but she can't stand up without having ankle pain. When the ambulance arrives, Mrs. Lee wants to go to the hospital, but she doesn't have a serious medical emergency and her health won't be in danger if she goes to the emergency room by another type of transportation (like a car or taxi). Since Mrs. Lee could get to the hospital by another type of transportation without a serious risk to her health, Medicare won't cover the ambulance transportation. In this situation, the ambulance company isn't required to give Mrs. Lee any formal notice, but out of courtesy, they may give her an ABN, so that she knows she'll be billed for this service.

If Medicare doesn't pay for your ambulance trip and you believe it should've been covered, you may appeal. You must actually get the service and a claim for payment must be submitted to appeal Medicare's payment decision. See pages 11–12 for information about your appeal rights.

Paying for ambulance services

What do I pay?

If Medicare covers your ambulance trip, you pay 20% of the Medicare-approved amount, after you've met the yearly Part B deductible.

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

What does Medicare pay?

If Medicare covers your ambulance trip, Medicare will pay 80% of the Medicare-approved amount after you've met the yearly Part B deductible. Medicare's payment may be different if you're transported by a CAH or an entity that's owned and operated by a CAH.

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How do I know if Medicare didn't pay for my ambulance service?

You'll get a "Medicare Summary Notice" (MSN) in the mail every 3 months that lists all the services billed to Medicare. You can also visit MyMedicare.gov to look at your Medicare claims or view electronic MSNs. Your MSN will tell you why Medicare didn't pay for your ambulance trip.

Examples:

- If you chose to go to a facility farther than the closest one, your notice may say this: "Payment for transportation is allowed only to the closest facility that can provide the necessary care."
- If you used an ambulance to move from one facility to another one closer to home, your notice may say this: "Transportation to a facility to be closer to a home or family is not covered."

Remember, these are only examples of statements you may see on your MSN. Statements vary depending on your situation. If you have questions about what Medicare paid, call the phone number on your MSN or 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare rights and protections

What can I do if Medicare doesn't pay for an ambulance trip I think should be covered?

You or someone you trust should carefully review your MSN and any other paperwork related to your ambulance bill. You may find errors in the paperwork that can be fixed.

Words in blue are defined on pages 13–14.

For example, while reviewing your MSN and other paperwork, you may find that Medicare denied your claim for one of these reasons:

1) The ambulance company didn't fully document why you needed ambulance transportation.

If this happens, you can contact the doctor who treated you or the discharge social worker to get more information about your need for ambulance transportation. You can send this information to the company that handles bills for Medicare or ask your doctor to send it. Look on your MSN for the address.

2) The ambulance company didn't file the proper paperwork.

If this happens, you can ask the ambulance company to refile your claim. If refiling your claim doesn't result in payment, you can file an appeal.

What if Medicare still won't pay?

If you have Medicare, you have certain guaranteed rights to help protect you, including the right to appeal decisions about payment or coverage of services.

If Medicare doesn't cover your ambulance trip, and you think your trip should've been covered, you have the right to appeal. An appeal is an action you take if you disagree with a decision Medicare makes. To file an appeal, follow these steps:

1. Review your "Medicare Summary Notice" (MSN). It will tell you why your bill wasn't paid, how long you have to file an appeal, and what steps you need to take.
2. Carefully follow the instructions on the MSN, sign the MSN, and send it to the address of the company on the first page of the MSN. You may also include a letter explaining why you believe the ambulance trip should've been covered.
3. Ask your doctor or health care provider for any information that may help your case and attach copies to your signed MSN.
4. Keep a copy of everything you send to Medicare as part of your appeal.

Or you can use CMS Form 20027, and file it with the Medicare contractor at the address listed on the MSN. To view or print this form, visit CMS.gov/cmsforms/downloads/cms20027.pdf, or call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users should call 1-877-486-2048.

If you need more information or help filing an appeal:

- Visit Medicare.gov/appeals.
- Call 1-800-MEDICARE.
- Call your State Health Insurance Assistance Program (SHIP). Visit shiptacenter.org, or call 1-800-MEDICARE to get the phone number.

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Definitions

"Advance Beneficiary Notice of Noncoverage" (ABN)—In Original Medicare, a notice that a doctor, supplier, or provider gives a person with Medicare before furnishing an item or service if the doctor, supplier, or provider believes that Medicare may deny payment. In this situation, if you **aren't** given an ABN before you get the item or service, and Medicare denies payment, then you may not have to pay for it. If you **are** given an ABN, and you sign it, you'll probably have to pay for the item or service if Medicare denies payment.

Critical access hospital (CAH)—A small facility that provides outpatient services, as well as inpatient services on a limited basis, to people in rural areas.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare-approved amount—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

"Medicare Summary Notice" (MSN)—A notice you get after the doctor, other health care provider, or supplier files a claim for Part A or Part B services in Original Medicare. It explains what the doctor, other health care provider, or supplier billed for, the Medicare-approved amount, how much Medicare paid, and what you must pay.

Original Medicare—Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Skilled nursing facility (SNF)—A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

**U.S. DEPARTMENT OF
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This product is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia gratis, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

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