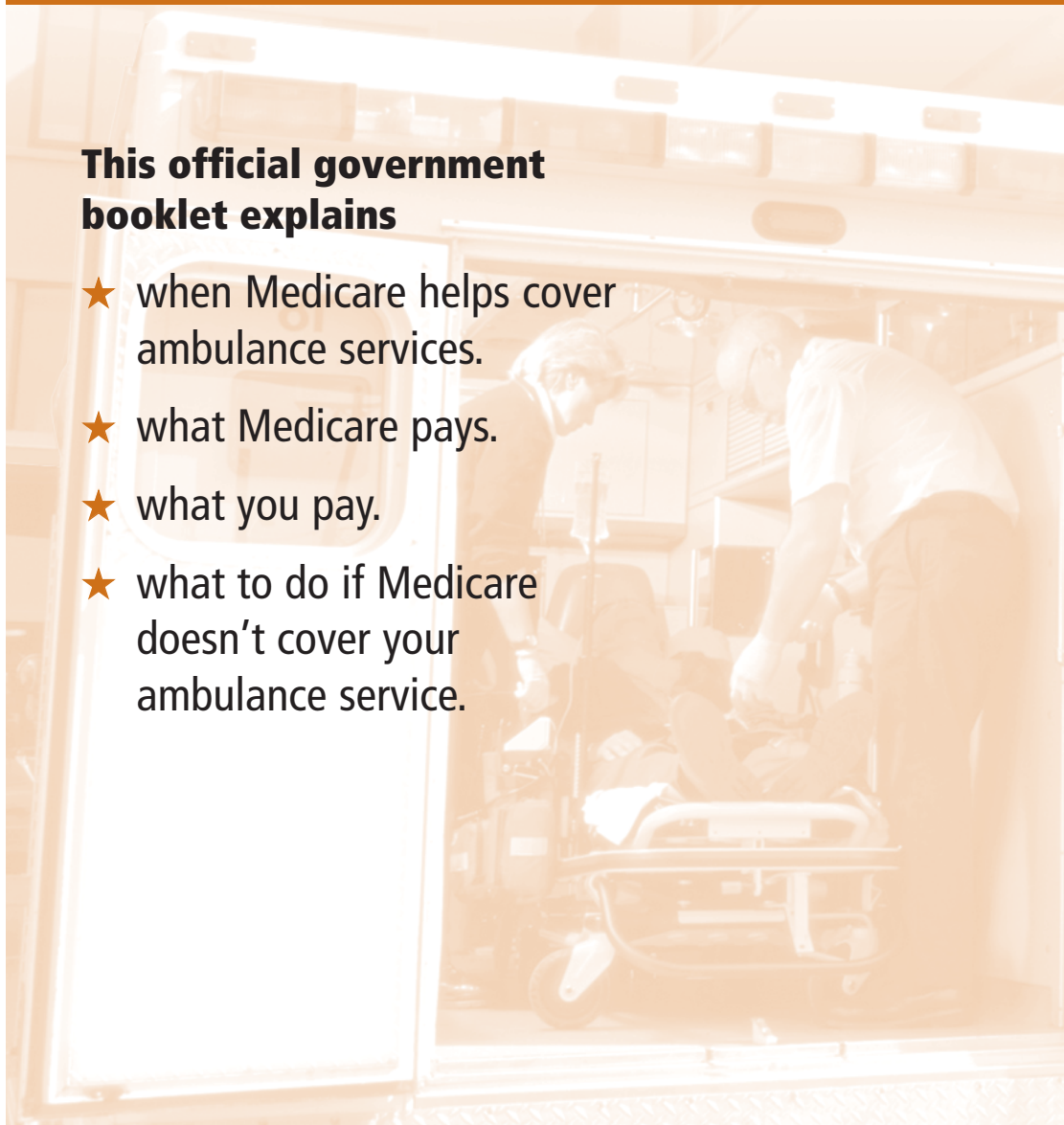


# Medicare Coverage of Ambulance Services



## **This official government booklet explains**

- ★ when Medicare helps cover ambulance services.
- ★ what Medicare pays.
- ★ what you pay.
- ★ what to do if Medicare doesn't cover your ambulance service.



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**Important:** The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, visit [www.medicare.gov](http://www.medicare.gov) on the web. Select “Search Tools” and then select “Find a Medicare Publication.” Or, call 1-800-MEDICARE (1-800-633-4227). A customer service representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

The “Medicare Coverage of Ambulance Services” booklet isn't a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

# Introduction

**The information in this booklet is for people who are in the Original Medicare Plan.**

This booklet explains Medicare's coverage of ambulance services in the **Original Medicare Plan**. The Original Medicare Plan is a "fee-for-service" plan. This means you are usually charged a fee for each health care service or supply you get. This plan, managed by the Federal Government, is available nationwide. If you are in the Original Medicare Plan, you use your red, white, and blue Medicare card when you get health care.

**If you are not in the Original Medicare Plan, read your plan materials for information about ambulance coverage.**

If you are in a **Medicare Advantage Plan** (like an HMO) or other Medicare plan, you may have different rules, but your plan must give you at least the same coverage as the Original Medicare Plan. Your costs, rights, protections, and/or choices of where you get your care may be different if you are in one of these plans. You may also get extra benefits. Read your plan materials or call your benefits administrator for more information.

Words in brown are defined on pages 8–9.

It's important to know what health care services Medicare helps to cover. You get all your regular Medicare covered services under Medicare Part A and Part B. To learn more about Medicare, look at your copy of the "Medicare & You" handbook, which is mailed each fall to people with Medicare. You can order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also read or print a copy of this handbook at [www.medicare.gov](http://www.medicare.gov) on the web. Select "Search Tools" and then select "Find a Medicare Publication."

# Medicare Coverage of Ambulance Services

Medicare Part B covers ambulance services to or from a hospital or **skilled nursing facility** only when other transportation would be dangerous to your health. In addition, you can be transported from your home or sometimes from a medical facility to get care for a health condition that requires you to be transported only by ambulance.

## Emergency ambulance transportation

Emergency ambulance transportation is provided after you have had a sudden medical emergency, when your health is in serious danger, and when every second counts to prevent your health from getting worse. Some examples of when emergency ambulance transportation may be covered include when you

- are in severe pain, bleeding, in shock, or unconscious,
- need to be restrained to keep you from hurting yourself or others, or
- need oxygen or other skilled medical treatment during transportation.

These are only examples of when Medicare would cover your ambulance trip. Coverage would depend on the seriousness of your medical condition and whether you could have been safely transported by other means.

Medicare will only cover ambulance services to the nearest appropriate medical facility that is 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 facility. If no local facilities are able to give you the care you need, Medicare will help pay for transportation to a facility outside of your local area.

## Air Transportation

Medicare will 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.

# Medicare Coverage of Ambulance Services

## Nonemergency ambulance transportation

Nonemergency ambulance transportation is provided when you need transportation to diagnose or treat your health condition and you can't be transported another way. You must have orders from your doctor or other health care provider for Medicare to cover nonemergency ambulance transportation.

In some cases, Medicare covers limited nonemergency ambulance transportation if you are confined to your bed and you have a statement from your doctor saying that ambulance transportation is necessary because of your medical condition. Even if you aren't confined to your bed, in some cases, Medicare may still cover your nonemergency ambulance trip if you have a statement from your doctor.

Words in brown are defined on pages 8–9.

If the ambulance company believes that Medicare won't pay for your nonemergency ambulance service, they might ask you to sign an **Advance Beneficiary Notice (ABN)**. You will be asked to choose an option by marking a box and signing the **ABN**. If you sign the ABN, you are responsible for paying the cost of the trip if Medicare doesn't pay.

See pages 5–6 on appeal rights.

If you refuse to sign the ABN, the ambulance company can decide whether or not to take you by ambulance. If the ambulance company decides to take you after your refusal to sign, you may be responsible for paying the cost of the trip if Medicare doesn't. However, if Medicare doesn't pay for the ambulance trip and you believe it should have been covered, you may submit an appeal. You must receive the service in order to appeal Medicare's payment decision.

You won't be asked to sign an ABN in an emergency situation (see page 2).



# Medicare Coverage of Ambulance Services

## What does Medicare pay?

If Medicare covers your ambulance trip, Medicare will pay 80% of the **Medicare-approved amount** after you have met the yearly Part B **deductible** (\$131 in 2007). Medicare's payment may be different if you get services from a hospital-based ambulance company.

## What do I pay?

If Medicare covers your ambulance trip, you pay 20% of the Medicare-approved amount, after you have met the yearly Part B deductible (\$131 in 2007).

In most cases, the ambulance company can't charge you more than 20% of the Medicare-approved amount. What you pay may be different however, if you get services from a hospital-based company. All ambulance companies must accept the Medicare-approved amount as payment in full.

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

You will get a **Medicare Summary Notice (MSN)**, from the **Medicare Administrative Contractor (MAC)\*** (the company that handles bills for Medicare). The notice will tell you why Medicare didn't pay for your ambulance trip.

For instance, if you chose to go to a facility further than the closest one, you would get this statement on your notice:

“Payment for ambulance transportation is allowed only to the closest appropriate facility that can provide the care you need.”

Or, if you used an ambulance to move from one facility to one closer to home, your notice would say:

“Transportation to a facility to be closer to your home or family isn't covered.”

These are only examples of statements you may see on your notice. Statements vary depending on your situation.

Call 1-800-MEDICARE (1-800-633-4227), if you have questions about what Medicare paid. TTY users should call 1-877-486-2048.

\* Medicare Administrative Contractors will gradually take over all Medicare Part A and Part B billing. In some areas of the country, Fiscal Intermediaries may still process Medicare Part A bills and Carriers may still process Part B bills.

# 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 about your ambulance bill. You may find paperwork problems that can be fixed. You can also call your **Medicare Administrative Contractor (MAC)**, the company that pays Medicare Part B bills, to get a more detailed explanation of why Medicare denied payment.

While reviewing your MSN and other paperwork, you may find that Medicare denied your claim because:

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

If this happens, contact the doctor who treated you or the discharge social worker at the hospital to get more information about your need for transportation. You can send this information to the MAC.

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

If this happens, you can ask the ambulance company to refile your claim form. Don't pay the bill until the ambulance company has done this. If the ambulance company won't refile your claim, contact your MAC. Your MAC will contact the ambulance company on your behalf to make them aware of their responsibility for filing a Medicare claim. If refiling your claim doesn't result in payment, you may file an **appeal**.

Words in **brown** are defined on pages 8–9.

# Medicare Rights and Protections

## What if Medicare still won't pay?

If you have Medicare, you have certain guaranteed rights to help protect you. One of these rights is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services.

Words in brown are defined on pages 8–9.

If Medicare doesn't cover your ambulance trip, you have a right to **appeal**. An appeal is a special kind of complaint you make if you disagree with decisions made by Medicare. To file an appeal, carefully review your **MSN**. It will tell you why your bill wasn't paid, how long you have to file an appeal, and what appeal steps you can take. If you decide to file an appeal, ask your doctor or provider for any information that might help your case. You should keep a copy of everything you send to Medicare as part of your appeal. If you need help filing an appeal, call 1-800-MEDICARE (1-800-633-4227) to get the number for the **State Health Insurance Assistance Program** in your state.

For more detailed information about appeals and other Medicare rights and protections, visit [www.medicare.gov](http://www.medicare.gov) to read or print the booklet "Your Medicare Rights and Protections." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if this booklet is available in print.



# Getting More Information

## For information about Medicare and related topics

Call 1-800-MEDICARE (1-800-633-4227)

for answers and information 24 hours a day, every day.

OR

Visit [www.medicare.gov](http://www.medicare.gov) on the web.

## Medicare Publications

Medicare has information to help you make good health care decisions. You can view Medicare booklets to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects.

### How do I get these booklets?

1. Visit [www.medicare.gov](http://www.medicare.gov) on the web. Select “Search Tools” and then select “Find a Medicare Publication.” You can read or print these booklets. This is the fastest way to get a copy.
2. Call 1-800-MEDICARE (1-800-633-4227), and select option “4” to find out if a booklet is available in print. TTY users should call 1-877-486-2048.

Some booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish).

**Note:** Some booklets may not be available in print, but all will be available at [www.medicare.gov](http://www.medicare.gov) on the web.

## Words to Know

**Advance Beneficiary Notice (ABN)**—A notice that a doctor or supplier should give a Medicare beneficiary when furnishing an item or service for which Medicare may deny payment.

If you do not get an ABN before you get the service from your doctor or supplier, and Medicare does not pay for it, then you may not have to pay for it. If the doctor or supplier does give you an ABN that you sign before you get the service, and Medicare does not pay for it, then you will have to pay your doctor or supplier for it. ABNs only apply if you are in the Original Medicare Plan. They do not apply if you are in a Medicare Advantage Plan.

**Appeal**—A special kind of complaint you make if you disagree with certain kinds of decisions made by Medicare or your health or prescription drug plan. You can appeal if you request a health care service, supply or prescription that you think you should be able to get, or you request payment for health care you already received, and Medicare or a plan denies the request. You can also appeal if you are already receiving coverage and the plan stops paying. There is a specific process your plan must use when you ask for an appeal.

**Assignment**—In the Original Medicare Plan, assignment means a doctor or supplier agrees to accept the Medicare-approved amount as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor or supplier accepts assignment. You still pay your share of the cost of the doctor's visit.

**Deductible**—The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B. These amounts can change every year.

**Medicare Administrative Contractor (MAC)**—private company that contracts with Medicare to pay Part A and Part B bills.

**Medicare-Approved Amount**—The fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier (that accepts assignment) is paid by you and Medicare for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the "Approved Charge."

**Medicare Advantage Plan**—A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. In most cases, Medicare Advantage Plans also offer Medicare prescription drug coverage.

# Words To Know

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

**Original Medicare Plan**—A fee-for-service health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance).

**Skilled Nursing Facility**—A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation 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 health insurance counseling and assistance to people with Medicare.

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Official Business  
Penalty for Private Use, \$300

CMS Pub. No. 11021  
Revised December 2006



To get this booklet in Spanish, call  
1-800-MEDICARE (1-800-633-4227).  
TTY users should call 1-877-486-2048.

Para obtener este folleto español, llame GRATIS  
al 1-800-MEDICARE (1-800-633-4227).  
TTY 1-877-486-2048 para personas con  
impedimentos auditivos o del lenguaje oral.