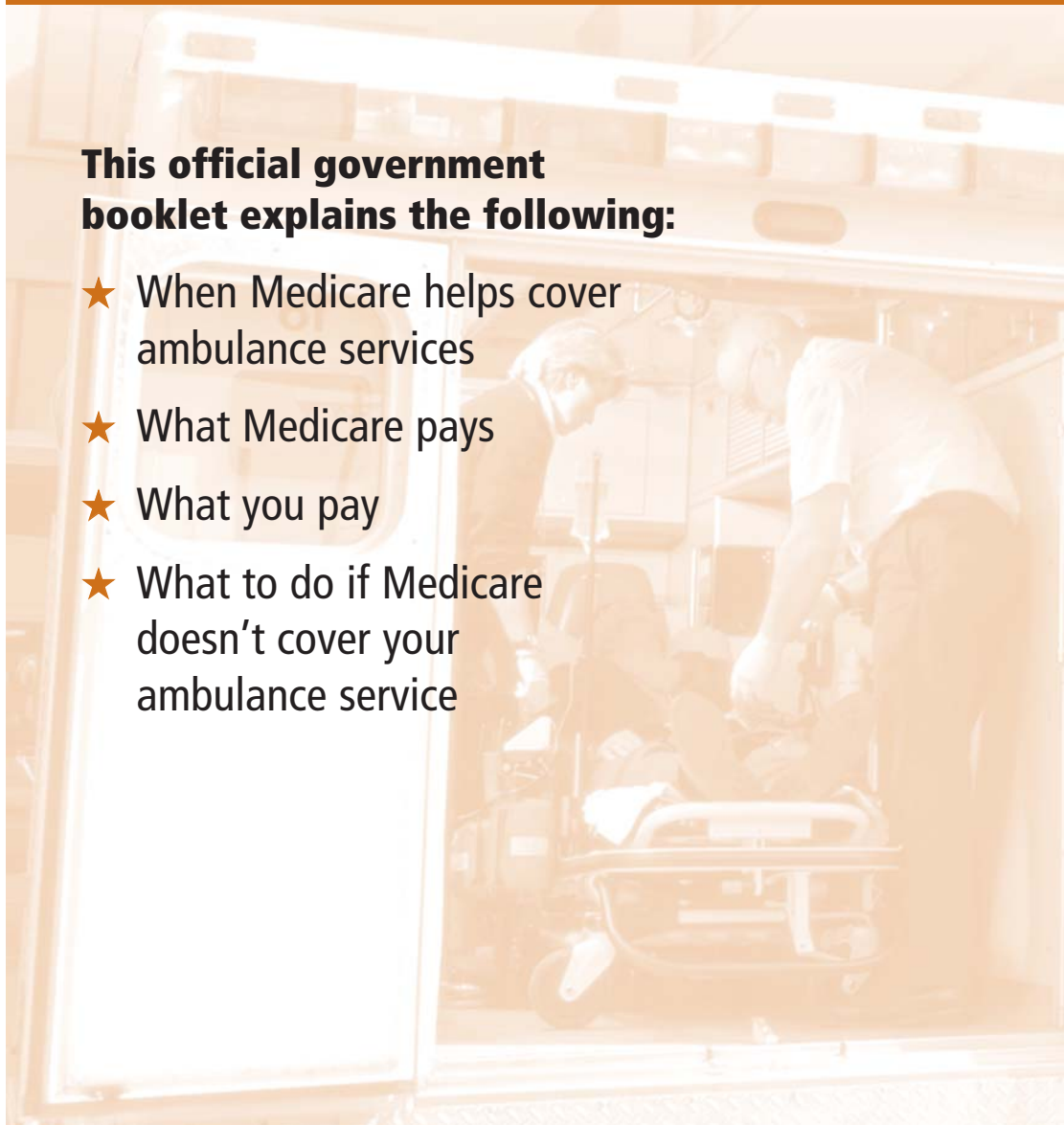


# Medicare Coverage of Ambulance Services



## **This official government booklet explains the following:**

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



# Table of Contents

<b>Introduction</b> .....	1
---------------------------	---

## **Medicare Coverage of Ambulance Services**

Emergency ambulance transportation .....	2
Air transportation .....	2
Non-emergency ambulance transportation .....	3
What does Medicare pay? .....	4
What do I pay? .....	4
How do I know if Medicare didn't pay for my ambulance service? .....	4

## **Medicare Rights and Protections**

What can I do if Medicare doesn't pay for an ambulance trip I think should be covered? .....	5
What if Medicare still won't pay? .....	6

<b>Getting More Information</b> .....	7
---------------------------------------	---

<b>Words to Know</b> (Where words in <b>brown</b> are defined) . . . .	8–9
--	-----

**Important:** The information in this booklet was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) to get the most current information. TTY users should call 1-877-486-2048.

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

# Introduction

**The information in this booklet is for people who have Original Medicare.**

This booklet explains Medicare's coverage of ambulance services in **Original Medicare**. Original Medicare is a health coverage choice managed by the Federal government. You are usually charged a fee for each health care service or supply you get. If you have Original Medicare, you use your red, white, and blue Medicare card when you get health care.

**If you don't have Original Medicare, read your plan materials for information about ambulance coverage.**

If you are in a **Medicare Advantage Plan** (like an HMO or PPO) or other Medicare health plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare. 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. 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 also visit [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf) to view the handbook.

# Medicare Coverage of Ambulance Services

Medicare Part B covers ambulance services to or from a hospital or **skilled nursing facility** only when other transportation could endanger your health. In addition, in some cases Medicare covers ambulance services 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. The following are examples of when Medicare may cover emergency ambulance transportation:

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

**These are only examples.** Coverage depends 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 appropriate facility. If no local facilities are able to give you the care you need, Medicare will help pay for transportation to the nearest appropriate facility outside of your local area that is able to give you the care you need.

## 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.

# Medicare Coverage of Ambulance Services

## Non-emergency ambulance transportation

Non-emergency ambulance transportation may be provided when you need transportation to diagnose or treat your health condition and use of any other method of transportation could endanger your health.

In some cases, Medicare covers limited non-emergency ambulance transportation if you are confined to your bed and you have a statement from your doctor or other health care provider 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 non-emergency ambulance trip if you have this statement.

Words in brown are defined on pages 8–9.

If the ambulance company believes that Medicare won't pay for your non-emergency ambulance service, they might ask you to sign an **Advance Beneficiary Notice (ABN)**. If you sign the ABN, you are responsible for paying for the cost of the trip if Medicare doesn't pay.

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 you refuse to sign, you may still 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 get the service in order to appeal Medicare's payment decision. See pages 5–6 for information about your appeal rights.

See pages 5–6 on appeal rights.

If you don't get an ABN before your ambulance trip and Medicare doesn't pay, you may not have to pay for the service.

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** (\$135 in 2009). 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 (\$135 in 2009).

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 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 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 farther than the closest one, you may 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 may 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 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 **Medicare Summary Notice (MSN)** and any other paperwork about your ambulance bill. You may find errors in your paperwork that can be fixed. You can also call the company that handles bills for Medicare to get a more detailed explanation of why Medicare didn't pay.

While reviewing your MSN and other paperwork, you may find that Medicare denied your claim for either of the following reasons:

### 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 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. Don't pay the bill until the ambulance company has done this. If the ambulance company won't refile your claim, contact the company that handles bills for Medicare. The company that handles bills for Medicare 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 process for appealing decisions about health care payment or coverage of services.

Words in brown are defined on pages 8–9.

If Medicare doesn't cover your ambulance trip, and you think it should have been covered, you have a right to **appeal**. An appeal is an action you take if you disagree with a decision Medicare makes. To file an appeal, carefully 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 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 your local **State Health Insurance Assistance Program (SHIP)**. Call 1-800-MEDICARE (1-800-633-4227) to get their telephone number. TTY users should call 1-877-486-2048. You can also visit [www.medicare.gov](http://www.medicare.gov).

For more detailed information about appeals and other Medicare rights and protections, visit [www.medicare.gov/Publications/Pubs/pdf/10112.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10112.pdf) to view the booklet "Your Medicare Rights and Protections." You can also call 1-800-MEDICARE 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.  
TTY users should call 1-877-486-2048.

OR

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

## Medicare publications

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

### How do I get these publications?

1. Visit [www.medicare.gov](http://www.medicare.gov). Select “Find a Medicare Publication.” You can read or print publications. This is the fastest way to get a copy.
2. Call 1-800-MEDICARE, and select option “4” to find out if a publications is available in print.

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

**Note:** Some publications may not be available in print, but all will be available by visiting [www.medicare.gov](http://www.medicare.gov).

# Words to Know

**Advance Beneficiary Notice (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 are not 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 may have to pay for the item or service if Medicare denies payment.

**Appeal**—An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan. You can appeal if Medicare or your plan denies one of the following:

- Your request for a health care service, supply, or prescription that you think you should be able to get
- Your request for payment for health care or a prescription drug you already got
- Your request to change the amount you must pay for a prescription drug

You can also appeal if you are already getting coverage and Medicare or your plan stops paying.

**Assignment**—An agreement by your doctor or other provider to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance. Ambulance companies are required to accept assignment.

**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**—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare 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 are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

# Words to Know

## **Medicare-Approved**

**Amount**—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor, supplier, or provider charges (except for ambulance services, where charges beyond the Medicare-approved amount are not allowed).

## **Medicare Summary Notice**

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

**Original Medicare**—Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

**Skilled Nursing Facility**—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  
HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

---

Official Business  
Penalty for Private Use, \$300

CMS Publication No. 11021  
Revised September 2008



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.