

CENTERS FOR MEDICARE  
& MEDICAID SERVICES

# Medicare Coverage of **Ambulance** Services

This official government booklet explains the following:

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





# Table of Contents

<b>Introduction</b>	4
<b>Medicare Coverage of Ambulance Services</b>	5
Emergency ambulance transportation	5
Air transportation	6
Non-emergency ambulance transportation	6
Advance Beneficiary Notices of Noncoverage (ABNs)	6
Voluntary Notices of Noncoverage	8
<b>Paying for Ambulance Services</b>	9
What do I pay?	9
What does Medicare pay?	9
How do I know if Medicare didn't pay for my ambulance service?	9
<b>Medicare Rights and Protections</b>	11
What can I do if Medicare doesn't pay for an ambulance trip I think should be covered?	11
What if Medicare still won't pay?	12
<b>Definitions</b>	13

*“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 was correct when it was printed. Changes may occur after printing. Visit [www.medicare.gov](http://www.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.

## Introduction

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



Original Medicare is health coverage managed by the Federal government. If you have Original Medicare, you use your red, white, and blue Medicare card when you get medical care.

If you're 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. Read your plan materials, or call your plan for more information. Your costs, rights, protections, and choices of where you can get your care may be different if you're in one of these plans. You may also get extra benefits.

To learn more about other Medicare-covered services, 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](http://www.medicare.gov/publications) to view the handbook.

# Medicare Coverage of Ambulance Services

Medicare Part B (Medical Insurance) covers ambulance services to or from a hospital, **critical access hospital (CAH)**, or a **skilled nursing facility (SNF)** only when other transportation could endanger your health. In some cases, Medicare may also cover ambulance services in the following situations:

- If you need to go from your home or a medical facility to get health care for a health condition that requires you to be transported by ambulance.
- If you have End-Stage Renal Disease, need dialysis, and need ambulance transportation to or from a dialysis facility because other transportation could endanger your health.

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 the care you need.

## Emergency ambulance transportation

You can get emergency ambulance transportation after you've 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 some examples of when Medicare might cover emergency ambulance transportation:

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

**These are only examples.** Medicare coverage depends on the seriousness of your medical condition and whether you could have been safely transported by other means.

Words in blue  
are defined on  
pages 13–14.



### **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 the following 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**

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

In some cases, Medicare may cover limited non-emergency ambulance transportation if you have a statement 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.

#### **Advance Beneficiary Notices of Noncoverage (ABNs)**

If the ambulance company believes that Medicare may not pay for your non-emergency ambulance service because the service isn't medically necessary or reasonable, they must give you an **Advance Beneficiary Notice (ABN)**. The ABN has option boxes that allow you to choose whether you want the service and explains your responsibility to pay for it. If you choose the option box that you want and will pay for the service and you sign the ABN, you're responsible for paying if Medicare doesn't pay. You may be asked 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 special 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 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 necessary or reasonable. 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 have been paid for ground ambulance transportation.

If you're in a situation that requires an ambulance company to give you an 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 Notices of Noncoverage**

As a courtesy to you, some ambulance companies may give you an ABN as a voluntary notice of noncoverage when they believe that Medicare won't cover an ambulance service because it doesn't meet Medicare's definition of a covered service. In this situation, the ambulance company isn't required to give you an ABN. If the ambulance company does give you a voluntary ABN, you aren't required to sign it. The ambulance company expects that Medicare won't pay for the service and expects that you'll be financially responsible.

**Example:** Mrs. Lee falls in her front yard and her neighbor calls an ambulance. She isn't in distress, but can't stand up without pain in her ankle. 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 cab). 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 notice of noncoverage, but out of courtesy, they may give her an ABN, so that she knows she'll be billed for this service.

Words in blue  
are defined on  
pages 13–14.

If Medicare doesn't pay for your ambulance trip and you believe it should have been covered, you may **appeal**. You must actually get the service to appeal Medicare's payment decision. See page 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 have 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 have 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.

## 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 another one closer to home, your notice may say this:

“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 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 [Medicare Summary Notice \(MSN\)](#) and any other paperwork about your ambulance bill. You may find errors in the paperwork that can be fixed.

While reviewing your MSN and other paperwork, you may find that Medicare denied your claim for one 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 refiling your claim doesn't result in payment, you may file an [appeal](#).

Words in blue are defined on pages 13–14.



## What if Medicare still won't pay?

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

If Medicare doesn't cover your ambulance trip, and you think it should have 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:

- Review your 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.
- 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.
- Ask your doctor or provider for any information that may help your case.
- 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) or your local **State Health Insurance Assistance Program (SHIP)**. Visit [www.medicare.gov/contacts](http://www.medicare.gov/contacts), or call 1-800-MEDICARE to get the phone number. TTY users should call 1-877-486-2048.

For more detailed information about appeals, visit [www.medicare.gov/appeals](http://www.medicare.gov/appeals) or [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the booklet "Medicare Appeals."

For more information about your other Medicare rights and protections, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the booklet "Medicare Rights and Protections."

You can also call 1-800-MEDICARE to find out if these booklets can be mailed to you.

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## Definitions

**Advance Beneficiary Notice (ABN)**—In Original Medicare, a notice that a doctor, supplier, or provider gives a Medicare beneficiary 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 will probably 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.

**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.



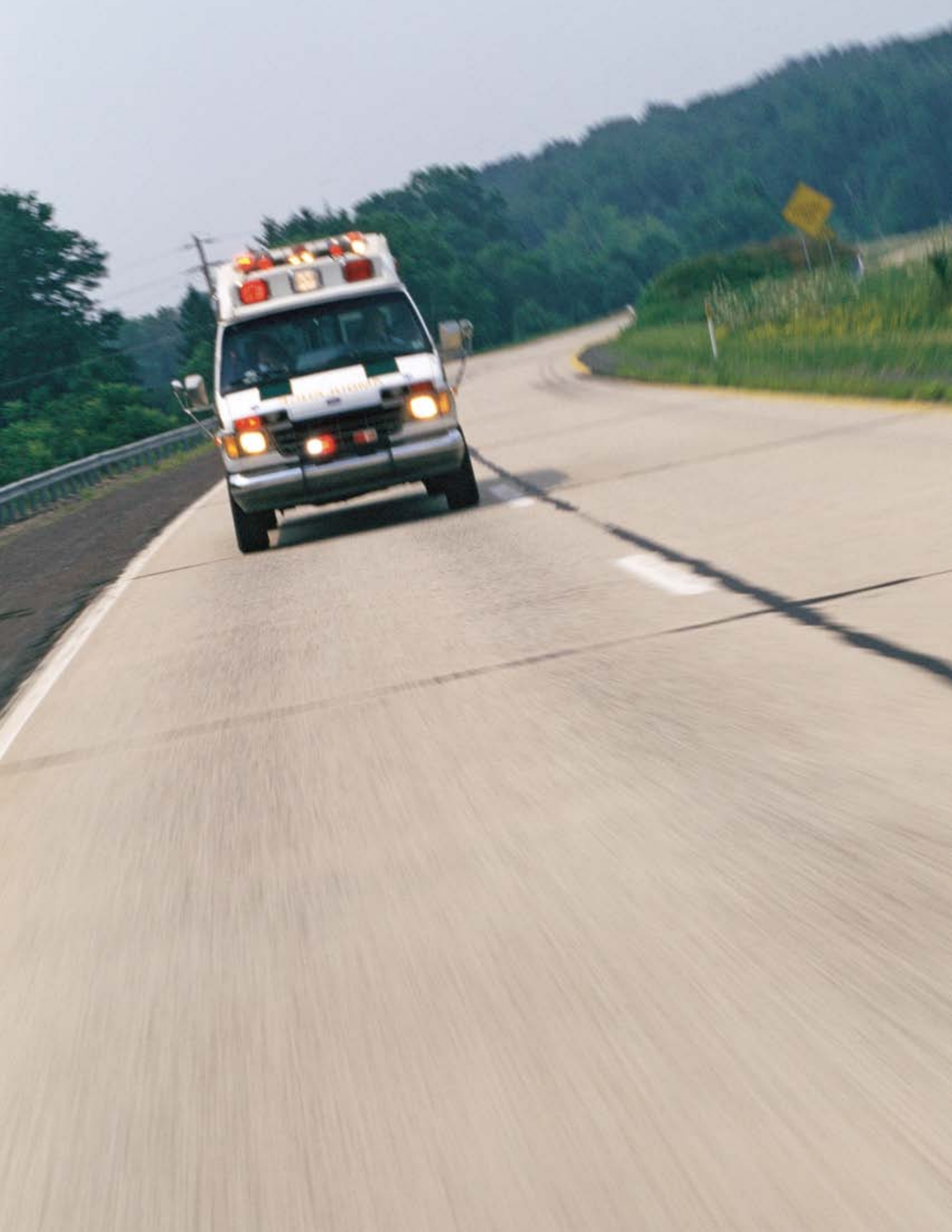
**Medicare Advantage Plan**—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're 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.

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

**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  
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This booklet 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.

