

Do you know your Medicare coverage for ambulance services?

Before you face an emergency, it is important to understand what ambulance services are paid by Medicare and what you may have to pay.

End Stage Renal Disease (ESRD) patients may qualify to be taken to dialysis by ambulance. Your doctor and the facility usually make these arrangements.

Your doctor must provide a **Physician Certification Statement (PCS)**, but you are still urged to check with your provider/s and your insurance company.

Medicare will typically pay for an ambulance when it's the only safe way to get you to the nearest appropriate medical facility for **EMERGENCY** care.

If you are unable to walk, Medicare might pay for an ambulance to and from skilled nursing facilities for medically necessary services related to your hospital admission.

Medicare may pay for ambulance transport services when:

- EMERGENCY transportation to the nearest appropriate medical facility is required.
- Transportation to dialysis cannot happen by other means without endangering your health.
- Transportation from one facility to another when a different level of care is necessary.

Additional Resources:

Call 1-800-MEDICARE or see Ambulance Services in the current **Medicare & You** handbook.



This publication was developed by the Massachusetts Senior Medicare Patrol (SMP) Program's Ambulance Task Force.

(Published December 2021)

This information is for educational and resource purposes. This is not a publication of the Centers for Medicare and Medicaid Services.

Paid in part by ACL Grant No. 90-MPPG0051

NEED AN AMBULANCE?

Are You on Medicare?



What you need to know about Medicare coverage for ambulance services

Massachusetts Senior Medicare Patrol Program

AgeSpan

280 Merrimack St., Suite 400

Lawrence, MA 01843

Tel: (800) 892-0890

www.masmp.org

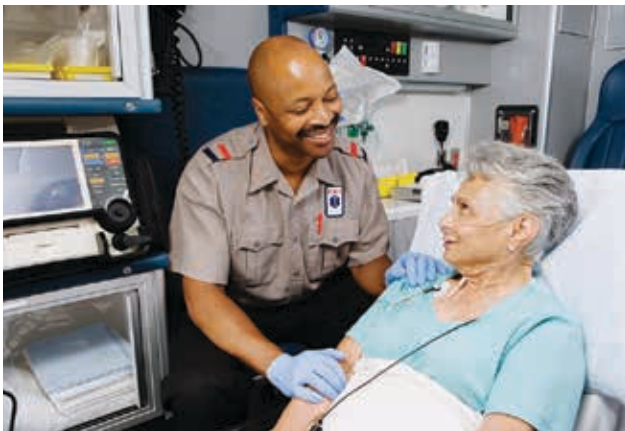


Note: Chair car transportation services are **NEVER** covered by Medicare.

Know your Medicare coverage for ambulance services:



Know what your deductibles and/or co-pays are when you are transported by ambulance:



Do you know what your deductibles and/or co-pays are when you are transported by ambulance?

Medicare pays 80 percent of the Medicare approved coverage amount. You, the beneficiary and/or your supplemental plan, will be responsible for the remaining 20 percent and any deductible.

Do you now what ambulance coverage your Medicare Advantage plan offers?

For those enrolled in Medicare Advantage Plans: The same Medicare reimbursement rules usually apply. Ask your insurance company about any co-payments and/or deductibles you may have to pay.

IMPORTANT: You may be asked to sign an **Advance Beneficiary Notice (ABN)** because Medicare may not pay for the ambulance service, and you may be billed. You are encouraged to ask questions before signing documents and when possible be sure to document your answers.

If you have Medicare and believe you were wrongly billed for ambulance services, you should contact the ambulance company and address your concerns with them directly. You should also call Medicare at **(1-800-MEDICARE)** to ask why the ambulance service was not covered.

You can also call Serving the Health Insurance Needs of Everyone (SHINE) Program for free help in understanding your Medicare coverage by calling **800-423-4636**.

If you suspect fraud or abuse, contact the Massachusetts Senior Medicare Patrol (SMP) Program at 800-892-0890 or visit www.MASMP.org for additional information.

Remember: You always have the right to appeal a service that is not covered by Medicare. You are encouraged to file an appeal if you feel the service should be covered.

