



SMP

Senior Medicare Patrol

Preventing Medicare Fraud



NEED AN AMBULANCE?

What you need to know about Medicare coverage for ambulance services

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 providers 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.

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

Additional Resources:

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

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.

Know your Medicare coverage for ambulance services



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



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

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

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 know 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 the answers you receive.

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 contact Serving the Health Insurance Needs of Everyone (SHINE) Program for free help in understanding your Medicare coverage by calling **800-243-4636**.

Remember: You always have the right to appeal. You are encouraged to file an appeal if you feel the service should be covered by Medicare.

If you suspect fraud or abuse, contact the Massachusetts Senior Medicare Patrol (SMP) Program's Ambulance Billing Helpline at 978-651-3052 or visit www.MASMP.org for additional information.

Massachusetts Senior Medicare Patrol Program
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