

HIICAP

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Health Insurance Information, Counseling, and Assistance Program

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TOPIC:

Medicare and Ambulance Coverage

Medicare covers ambulance services when they are medically necessary. Here is information about ambulance coverage and Medicare.

- The ambulance services must be medically necessary, meaning that an ambulance is the only safe way to transport you and the reason for your trip is to receive a service or to return from a service that you need and Medicare will cover it.
- You are transported to and from certain locations, and
- The supplier meets Medicare ambulance requirements.

An emergency is when your health is in serious danger and every second counts to prevent your health from getting worse.

Lack of access to alternate transportation alone will not justify Medicare coverage. Medicare will never pay for ambulette services. An ambulette is a wheelchair accessible van that provides non-emergency transportation for people with disabilities. If covered, Medicare will pay for 80% of its approved amount for the ambulance service. You or your supplemental insurance policy are responsible for the remaining 20%. All ambulance providers must accept assignment, meaning they accept the Medicare –approved amount as payment in full.

Medicare may cover scheduled, regular trips if the ambulance supplier gets your doctor's written order ahead of time stating that the transport is medically necessary.

Here's how to ensure Medicare will pay:

1. Be prepared. Identify an ambulance company to use.
 - Confirm with your local ambulance service that it is **Medicare-Certified.**
 - **If you are enrolled in a Medicare Advantage plan, find out which ambulance is in your health plan's network.**

Only use an ambulance if you have an immediate health risk or are bed bound and require constant monitoring. Be aware that if there is more than one hospital in your area, the ambulance generally must take you to the nearest hospital.