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MEDICARE COVERAGE OF AMBULANCE TRANSPORTATION

The Medicare Part B benefit includes coverage of ambulance transportation services provided on either an emergency or a non-emergency basis. However, as with all services under Medicare, the beneficiary must meet very specific criteria in order for Medicare to make payment.

As a general rule, Medicare covers medically necessary ambulance services only if the services are furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated. This means the beneficiary's condition must be such that ambulance transportation is the only safe means of transportation and the beneficiary's health would be jeopardized if other means were used. For example, if a beneficiary is experiencing chest pains and shortness of breath, transportation by ambulance is medically reasonable and necessary to monitor his or her condition en route to the hospital. Transportation in a regular vehicle would not be appropriate as the trained medical attention and medical technology needed to monitor the beneficiary's condition would not be available and as a result, potentially jeopardize the individual's health.

In non-emergency situations ambulance transportation is covered only if there is an order by a physician certifying that transportation by other means would be contraindicated or that the beneficiary is bed-confined. Bed confinement by definition means that the beneficiary is unable to get out of bed on their own, unable to ambulate and unable to sit in a wheelchair. If an individual does not meet one these requirements, Medicare will not cover the non-emergency transport. For example, Medicare will not cover ambulance transportation of a person who can sit in a chair or a wheelchair, even if transportation by ambulance was the only means of transportation available.

Medicare also requires that ambulance transportation must be between specific origins and destinations. Medicare will provide coverage, so long as the medical necessity requirements are also met, when a patient is transported from any point of origin to the nearest hospital or skilled nursing facility capable of furnishing the type of care the individual needs. In addition, Medicare will also provide coverage for transportation from the hospital or skilled nursing facility to the beneficiary's home, from a skilled nursing facility to the nearest supplier of medically necessary services which are not available in the skilled nursing facility and round trip transportation from home to a renal dialysis facility for patients being treated for end stage renal disease. Transportation must be to a "local" facility. The fact that an individual's physician may not practice at the

particular hospital or facility to which the individual is being transported does not allow for coverage of transportation to a more distant facility.

Beneficiaries who have received ambulance transportation services which have been denied by Medicare and who believe that they meet the requirements for coverage should appeal the denial of coverage. In non-emergency transportation, it is helpful to include a written statement from the physician who ordered the ambulance verifying that the services were medically reasonable and necessary and the individual met the other requirements for coverage. Often times by providing additional information a beneficiary can be successful in obtaining coverage. Beneficiaries can also contact the Center for Medicare Advocacy for assistance if they feel they have been denied coverage unfairly.

The Center for Medicare Advocacy, Inc. is a national, non-partisan education and advocacy organization that promotes fair access to Medicare and health care. The Center's national office is in Mansfield with offices in Washington DC and throughout the country. For more information contact Attorney Lara Stauning at (860)456-7790 or visit the Center's website: www.medicareadvocacy.org. Se habla español.