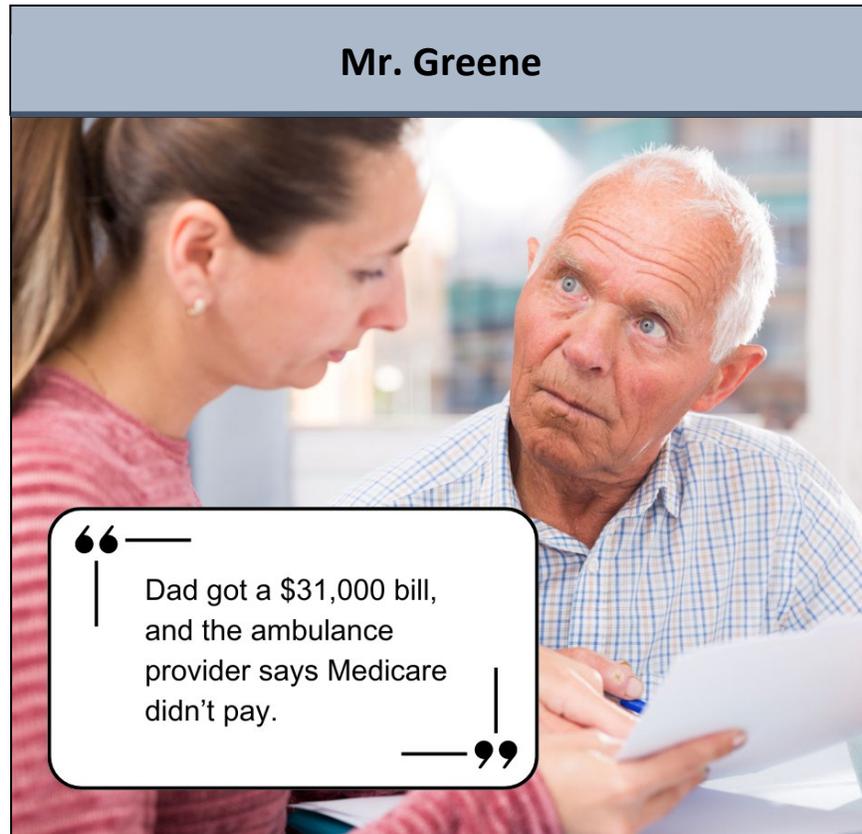


Scenario Worksheet

Medicare Coverage for Ambulance Transportation



Scenario

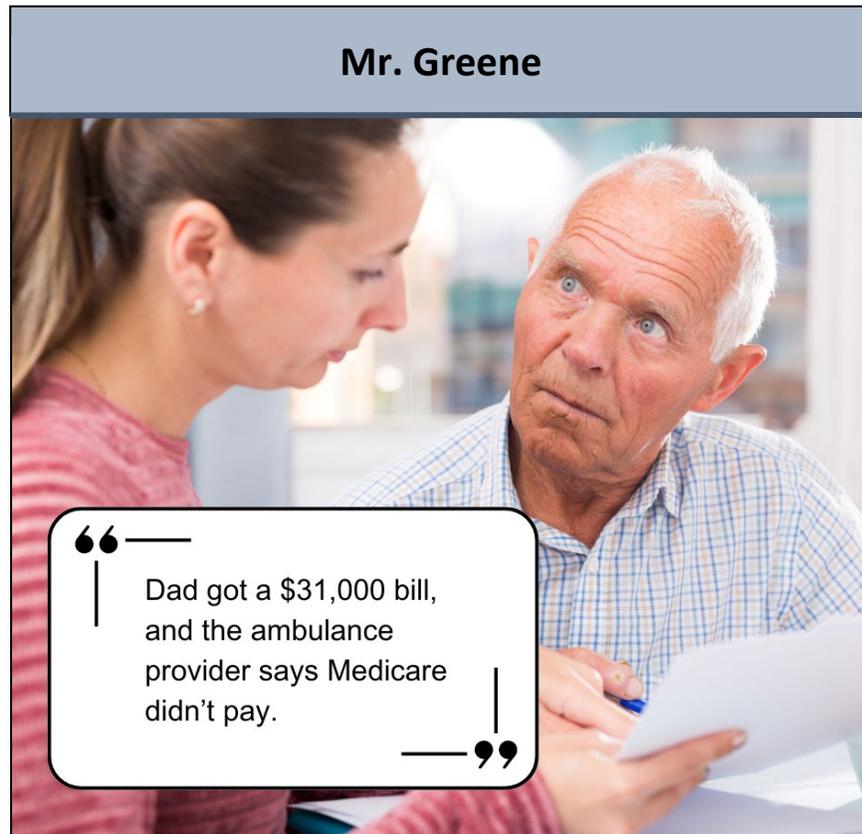
Mr. Greene's 80 and enrolled in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). He lives with his daughter Lisa, who has power of attorney to act on his behalf. Mr. Greene just got a bill from an ambulance provider for \$31,000. Lisa called the ambulance provider to ask about the bill. They said Medicare didn't pay because the trip by air ambulance wasn't medically necessary. Lisa explained that she called 911 because her father wasn't able to feed himself during dinner and couldn't move his right arm. Mr. Greene was transported to the emergency room (ER) at a local hospital, where they did a CT scan. He was diagnosed with an acute cerebrovascular accident (CVA), the medical term for a stroke. The treating doctor asked for a transfer to a facility with a higher level of care (neurological specialty) for neurointerventional radiology, which wasn't available at the first hospital, and arranged the transfer by air ambulance because Mr. Greene's condition was too critical for ground transportation. Lisa is concerned about the bill and wants to know what their options are.

4. Is the ambulance provider able to bill Mr. Greene if he didn't request the ambulance?

5. What's the next step for Mr. Greene's daughter?

Scenario Answer Key

Medicare Coverage for Ambulance Transportation



Scenario

Mr. Greene's 80 and enrolled in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). He lives with his daughter Lisa, who has power of attorney to act on his behalf. Mr. Greene just got a bill from an ambulance provider for \$31,000. Lisa called the ambulance provider to ask about the bill. They said Medicare didn't pay because the trip by air ambulance wasn't medically necessary. Lisa explained that she called 911 because her father wasn't able to feed himself during dinner and couldn't move his right arm. Mr. Greene was transported to the emergency room (ER) at a local hospital, where they did a CT scan. He was diagnosed with an acute cerebrovascular accident (CVA), the medical term for a stroke. The treating doctor asked for a transfer to a facility with a higher level of care (neurological specialty) for neurointerventional radiology, which wasn't available at the first hospital, and arranged the transfer by air ambulance because Mr. Greene's condition was too critical for ground transportation. Lisa is concerned about the bill and wants to know what their options are.

Q&A

1. Does Medicare pay for air ambulance transportation from one hospital to another?

It depends. Air ambulance transportation is covered when you transfer from one hospital to another if the medical appropriateness criteria are met:

- Transportation by ground ambulance would endanger your health and the transferring hospital doesn't have adequate facilities to provide the medical services you need. Examples of specialized medical services that are generally not available at all types of facilities may include, but aren't limited to, burn care, cardiac care, trauma care, and critical care.
- Transportation is to the nearest appropriate facility equipped to treat your condition.
- You're transported in an appropriate ambulance vehicle with appropriate staff aboard the vehicle, and the origin and destination of the transport are covered locations.

Transportation isn't covered in some situations:

- The current hospital can treat you, or you're transported because you or your family prefers a specific hospital or doctor.
- Any means of transportation other than ambulance could've been used without endangering your health. (This rule applies whether or not other means of transportation are available.)

2. Does Mr. Greene's condition fit the coverage requirement?

Yes, it seems so.

- According to Mr. Greene's treating doctor, his condition was critical, and transporting him by ground ambulance would've endangered his life.
- Also, the hospital didn't have adequate facilities or the necessary specialty to treat his condition. Mr. Greene was having a stroke and needed urgent neurointerventional radiology, which wasn't available in the first hospital.

3. Is a letter/statement from the doctor enough to establish medical necessity for an ambulance transport?

No, a signed doctor's order for an ambulance transport isn't sufficient documentation to support the medical necessity of an ambulance transport under Medicare.

- It's only medically appropriate for an air ambulance to transport you when the time needed to transport you by land, or transportation by land, poses a threat to your survival or seriously endangers your health. Medical necessity requires that the transport services fully comply with Medicare's coverage criteria. In all cases, the correct documentation must be kept on file and, upon

request, presented to the Medicare Part A and/or Part B Medicare Administrative Contractor (MAC).

- The ambulance service must meet all program coverage criteria for payment to be made.
- To determine the medical appropriateness of air ambulance services, the Medicare Part A and/or Part B MAC may ask for documentation that shows the air ambulance services were reasonable and necessary to treat your life-threatening condition.
- Documentation (like an ambulance run sheet or trip sheet) should be on file with the ambulance service to support the service billed. Information should include the type of vehicle used, your condition upon arrival, origin and destination, and any specialized care provided during transport. In Mr. Greene's scenario, the ambulance run sheet or trip sheet should include the following notes:
 - Patient noted right arm numbness and weakness on date of service.
 - That evening, Mr. Greene's daughter reported that he was unable to feed himself normally and was taken to the ER, where a CT scan was performed. He was diagnosed with symptoms of a CVA, also known as a stroke.
 - The doctor identified the need for a higher level of care (neurological specialty) for urgent neurointerventional radiology and arranged an emergency transport to the nearest appropriate facility that could provide the necessary care.
 - Reason why air ambulance was used and not ground ambulance: The treating doctor stated Mr. Greene's condition was too critical for ground transportation.

4. Is the ambulance provider able to bill Mr. Greene if he didn't request the ambulance?

- After determining that a service won't be covered, Medicare must determine who's financially liable for the denied service. When a service is denied as not reasonable or necessary, Medicare must determine if you and the provider either knew or could reasonably be expected to know that the item or service wouldn't be covered. This is known as the limitation of liability provision.
- If you were informed by your provider or supplier in writing in advance of getting the service (through an Advanced Beneficiary Notice (ABN)) that Medicare may not pay, you may be responsible for the cost of the denied item or service. If the provider or supplier knew or could reasonably be expected to know the item or service wouldn't be covered, but you didn't know, then the provider or supplier may be responsible for the cost of the denied item or service.

Medicare Coverage for Ambulance Transportation

- In Mr. Greene’s situation, based on the information from his daughter, there’s no evidence that the provider notified Mr. Greene or his daughter in advance that Medicare might not cover the service. Therefore, Mr. Greene couldn’t reasonably have been expected to know that the ambulance transportation might not be covered. In that case, the provider would be responsible for the cost of the denied service.
- In general, a provider/supplier may not issue an ABN to a person who has a medical emergency or is under similar duress. Since Mr. Greene was having a medical emergency, forcing delivery of an ABN may be considered coercive. ABN usage in the ER may be appropriate in some cases where the person is medically stable with no emergent health issues.
- Issuance of the ABN is mandatory for ambulance transport services only in limited circumstances—for example, if the service is covered by Medicare, but the provider believes payment would be denied because the person doesn’t meet the medical condition, and the ambulance transportation is provided in a non-emergency situation. Here’s an example:
 - A patient requires non-emergency ground transportation from a local hospital to the nearest hospital properly equipped to treat the patient’s condition, but their family requests transportation by air ambulance.
 - The ambulance service is a covered benefit, but the level of care (air transport) isn’t reasonable and necessary for this patient’s condition.
 - Therefore, the provider must issue an ABN prior to providing the to shift liability to the patient.

5. What’s the next step for Mr. Greene’s daughter?

Since the original claim was denied, the next step is for Lisa to request that the ambulance provider file a redetermination with the MAC. If medical necessity for the air transport is validated (and the appropriate documentation is presented with the redetermination request), payment would be allowed for the services in the Medicare-approved amount.

Resources

“Ambulance Services,” Chapter 10 in Medicare Benefit Policy Manual (PDF)
[CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf)

“Covered Medical and Other Health Services,” Chapter 15 in Medicare Benefit Policy Manual (PDF)
[CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf)

“Verifying Potential Errors and Taking Corrective Actions,” Chapter 3 in Medicare Program Integrity Manual (Section 3.3.2.1.1 B) (PDF)
[CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf)

Medicare Coverage for Ambulance Transportation

“Medicare Coverage of Ambulance Services” (CMS Product No. 11021) (PDF)
[Medicare.gov/pubs/pdf/11021-Medicare-Coverage-of-Ambulance-Services.pdf](https://www.medicare.gov/pubs/pdf/11021-Medicare-Coverage-of-Ambulance-Services.pdf)

Title 42 of the Code of Federal Regulations (CFR), Section 410.40-41 (Web page)
[eCFR.io/Title-42/cfr410_main](https://www.ecfr.io/Title-42/cfr410_main)

“Who Are the MACs” (Web page)
[CMS.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html#ABandHH+H](https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html#ABandHH+H)