

Medicare Minute Script – March 2019

Medicare Coverage of Emergency and Urgently Needed Services

Today we'll learn some of Medicare's rules for coverage of emergency and urgent care services.

Point 1: Understand Medicare's definition of emergency and urgently needed services.

Emergency services are covered inpatient and outpatient services that you receive from a provider who is qualified to provide emergency services that are needed to evaluate or treat an emergency medical condition. An emergency medical condition has symptoms that are severe enough that someone with an average knowledge of health and medicine could reasonably expect your health to be in serious danger if you do not get immediate medical attention. **Urgently needed services** are covered services that are not emergency services, but are medically necessary and immediately required because of an unexpected illness, injury, or condition. If your condition was not an emergency but appeared to be an emergency at the time, Original Medicare or your Medicare Advantage Plan must still cover your care. For example, let's say you have chest pain and think you are having a heart attack. If you go to the emergency room and doctors discover that your pain is caused by heartburn, your care should still be covered because the situation appeared to be an emergency.

Point 2: Learn about Medicare's coverage of emergency room services.

If you have Original Medicare, Part B covers emergency room services anywhere in the U.S. Emergency room services are typically provided when you have a medical condition that requires immediate action, such as an injury or sudden illness. After meeting your deductible, you will be responsible for a 20% coinsurance charge for doctors' services, as long as your provider accepts assignment, which means to accept Medicare's approved amount as full payment for a service. You will also be responsible for copayments for each emergency department visit and hospital service. **If you have a Medicare Advantage Plan**, your plan must cover emergency or urgently needed services anywhere in the country, even if other services are subject to geographic restrictions. Your plan cannot require you to see an in-network provider or get a referral. There are limits on how much your plan can bill you if you receive emergency care while out of your plan's network. Your plan must also cover medically necessary follow-up care related to the medical emergency if delaying care would endanger your health. Remember that you have the right to appeal if your plan denies coverage. If you need help appealing, you can contact your State Health Insurance Assistance Program (SHIP).

Point 3: Know when Medicare covers emergency and non-emergency ambulance transportation.

If you have Original Medicare, Part B covers emergency ambulance services if:

- An ambulance is medically necessary, meaning it is the only safe way to transport you
- The reason for your trip is to receive a Medicare-covered service or to return from receiving that care
- You are transported to and from certain locations, following Medicare's coverage guidelines
- And, the transportation supplier meets Medicare ambulance requirements

SHIP National Technical Assistance Center: 877-839-2675, www.shiptacenter.org | info@shiptacenter.org

SMP National Resource Center 877-808-2468 | www.smpresource.org | info@smpresource.org

© 2019 Medicare Rights Center | www.medicareinteractive.org | *The Medicare Rights Center is the author of portions of the content in these materials, but is not responsible for any content not authored by the Medicare Rights Center.*

To be eligible for coverage of non-emergency ambulance services, you must either be confined to your bed or you must need essential medical services during your trip that are only available in an ambulance. Example of essential medical services include administration of medications or monitoring of vital functions. Original Medicare never covers ambulette, wheelchair van, or litter van services. These are wheelchair-accessible vans that provides non-emergency transportation. Medicare also does not cover ambulance transportation just because you lack access to alternative transportation.

If you have a Medicare Advantage Plan, your plan must cover the same services that Original Medicare covers, but can do so with different costs or restrictions. Contact your plan directly to learn more about how it covers ambulance transportation.

Take Action:

1. Contact your plan to be informed about its different costs or restrictions for emergency services and ambulance and medical transportation.
2. If you need help understanding Medicare’s coverage rules or appealing a denial for an emergency or urgently needed service, contact your local SHIP.
3. If suspect you have been a victim of Medicare fraud or abuse, contact your local Senior Medicare Patrol (SMP).

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

The production of this document was supported by Grant Numbers 90SATC0001 and 90MPRC0001 from the Administration for Community Living (ACL). Its contents are solely the responsibility of the SHIP National Technical Assistance Center (SHIP TA Center) and Senior Medicare Patrol National Resource Center and do not necessarily represent the official views of ACL.

SHIP National Technical Assistance Center: 877-839-2675, www.shiptacenter.org | info@shiptacenter.org

SMP National Resource Center 877-808-2468 | www.smpresource.org | info@smpresource.org

© 2019 Medicare Rights Center | www.medicareinteractive.org | *The Medicare Rights Center is the author of portions of the content in these materials, but is not responsible for any content not authored by the Medicare Rights Center.*