

Medicare Coverage of Emergency and Urgently Needed Services

How does Medicare cover 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 (accepts 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.

Medicare Advantage Plans must also cover emergency room services anywhere in the country, as long as you are receiving emergency or urgently needed services (services that are necessary to evaluate or treat an emergency medical condition or are immediately required as a result of an unforeseen illness, injury, or condition). If you have a Medicare Advantage Plan and receive these services, be aware that:

- Your plan cannot require you to see an in-network provider
- You do not need 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 cover medically necessary follow-up care related to the medical emergency if delaying care would endanger your health
- You have the right to an appeal if your plan does not cover your care

Can I receive covered emergency services outside the U.S.?

Original Medicare generally does not cover medical care that you receive while travelling outside the U.S. and its territories. There are some exceptions, including if you receive care while traveling from Alaska to another state, or if you are on a cruise ship and receive emergency services while the ship is in U.S. territorial waters. Some Medigap policies provide coverage for travel abroad. Check with your policy for coverage rules.

Medicare Advantage Plans may also cover emergency care abroad. Contact your plan for more information about its costs and coverage rules.

Does Medicare cover emergency ambulance transportation?

Original Medicare Part B covers emergency ambulance services and, in limited cases, non-emergency ambulance services. Medicare considers an emergency, in this case, to be any situation when your health is in serious danger and you cannot be transported safely by any other means.

Emergency ambulance services are covered if:

- An ambulance is medically necessary (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 care
- You are transported to/from certain locations, following Medicare’s coverage guidelines (such as from your home to the nearest hospital or skilled nursing facility)
- And, the transportation supplier meets Medicare’s ambulance requirements

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 and restrictions. Remember that your Medicare Advantage Plan cannot require that you receive prior authorization or see an in-network provider to receive emergency services. Contact your plan to learn more about its costs for ambulance transportation.

Who can I contact if I need more assistance?

You can call your **State Health Insurance Assistance Program (SHIP)** if you need help understanding Medicare’s coverage rules or appealing a health or drug denial.

You can call your **Senior Medicare Patrol (SMP)** if you believe you were a victim of Medicare fraud or abuse. Your SMP can help you identify and report cases of fraud or attempted fraud.

Local SHIP and SMP contact information	
 <p>Senior LinkAge Line® 1-800-333-2433 LINK TO A LOCAL AGING EXPERT</p>	<ul style="list-style-type: none"> • To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org. • To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.
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