

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.

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 because 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 danger and you cannot be transported safely by any other means.

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Additional Resources

To schedule an appointment with a Medicare Specialist:

Call 866-448-0160 or email medicare@connexioninsurance.com

Extra Help Special Enrollment Period: 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 and from certain locations, following Medicare’s coverage guidelines
- And, the transportation supplier meets Medicare’s ambulance requirements.

Medicare Part B covers ambulance services to and from the following locations:

From	To
Your home, or any other place where need arises	The nearest appropriate hospital or skilled nursing facility (SNF)
A hospital or SNF	Your home, if the hospital or SNF is the nearest appropriate facility
A SNF	The nearest medical provider if the SNF cannot provide you with necessary treatment and the cost of transport is less than bringing the treatment to and from you
Your home	The nearest appropriate renal dialysis facility and back

Medicare also covers non-emergency ambulance transportation in certain situations. Original Medicare never covers ambulance services.

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.

Additional Resources

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