

MEDICARE

AMBULANCE GUIDELINES FOR MEDICAL NECESSITY

Medical Necessity is established when the patient's condition is such that the use of any other method of transportation would be hazardous to the patient's health.

If transportation other than an ambulance could be used without endangering the individual's health, whether or not transportation is actually available, no payment may be made for the ambulance service.

Medicare does not pay for wheelchair transportation.

The following conditions (as set forth by Medicare) must be met in order for ambulance service to be covered:

- Transportation as a result of an emergency situation, i.e. accident, injury or acute illness;
THE PATIENT:
- Needed to be restrained;
- Was unconscious or in shock;
- Required oxygen (patient cannot self-regulate) or other emergency treatment on the way to his destination;
- Had to remain immobile because of a fracture that had not been set or the possibility of a fracture (please specify fracture);
- Sustained an acute stroke or myocardial infarction;
- Was experiencing a severe hemorrhage;
- Was bed confined before and after the ambulance trip (MUST DOCUMENT REASON WHY);
- Could only be moved by stretcher (MUST DOCUMENT REASON);

MEDICARE AMBULANCE COVERAGE GUIDELINES	
ORIGIN / DESTINATION	IS IT COVERED?
Hospital to Home	✓ YES , if Medical Necessity is met.
Hospital to Skilled Nursing or Nursing Facility	✓ YES , if Medical Necessity is met.
Hospital to Hospital	✓ YES , if services are not available at first facility, the patient is admitted to second facility, and if Medical Necessity is met.
Hospital to Hospital due to Patient's choice	✓ NO , hospital to hospital due to patient choice or physician preference is a non-covered service.
Hospital to Physician's Office	✓ NO , this is a non-covered service.
Skilled Nursing Facility to Skilled Nursing Facility	✓ YES , if services are not available at first facility, the patient is admitted to second facility, and if Medical Necessity is met. Covered by Part A only.
Patient's Home, Skilled Nursing or Nursing Facility to Hospital	✓ YES , if Medical Necessity is met.
Skilled Nursing Facility to Physician's Office	✓ YES , covered by Medicare Part A ✓ NO , not covered by Medicare Part B
Patient's Home to Nursing Facility	✓ YES , if Medical Necessity is met.
Patient's Home to Skilled Nursing Facility	✓ YES , if Medical Necessity is met.
Patient's Home to Physician's Office	✓ NO , except: If en route to hospital, emergency care is given at physician's office.
Non-Skilled Nursing Facility or Skilled Nursing Facility to Hospital for out-patient treatment (i.e., radiation, dialysis, cat scans, etc.)	✓ YES , to obtain specialized diagnostic test or therapeutic treatment not available at the facility, and if Medical Necessity is met.
Non-Skilled Nursing Facility to freestanding out-patient treatment (i.e., dialysis or radiation)	✓ YES , if Medical Necessity is met.
Skilled Nursing Facility to freestanding out-patient treatment (i.e. dialysis or radiation)	✓ YES , to obtain specialized diagnostic test or therapeutic treatment not available at the facility, and if Medical Necessity is met.