

Billing for Deceased Patients

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Deceased Patient Billing

CMS – Chapter 10.2.6

Ground Ambulance Scenarios: Beneficiary Death	
Time of Death Pronouncement	Medicare Payment Determination
Before dispatch.	None.
After dispatch, before beneficiary is loaded onboard ambulance (before or after arrival at the point-of-pickup).	The provider's/supplier's BLS base rate, no mileage or rural adjustment; use the QL modifier when submitting the claim.
After pickup, prior to or upon arrival at the receiving facility.	Medically necessary level of service furnished.

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- Medicare Ambulance Benefit is a transport benefit
- “In the absence of transport, there is no benefit”
- Special scenario for patients when is pronounced as deceased after 911 is called but prior to transport

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EMS|MC Metrics

Payor Category	Average Charge	Average Payment
Facility	\$748.21	\$373.69
Insurance	\$949.47	\$465.36
Medicaid	\$968.37	\$184.61
Medicaid MCO	\$1,014.87	\$244.62
Medicare	\$1,010.88	\$355.90
Medicare Advantage	\$1,022.65	\$324.30
Other Govt. Payers	\$959.20	\$197.53
Patient	\$1,016.97	\$265.16
TPL	\$964.04	\$707.12
Overall	\$975.55	\$323.27