

Medicare and Home Health Care

What home health care does Medicare cover?

Home health care includes health and social services that you receive in your home to treat an illness or injury. Medicare covers the following home health care:



Skilled nursing services: Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness. For example, a nurse may come to your home to administer medication through an IV or injection.



Skilled therapy services: Physical, speech, and occupational therapy services that are reasonable and necessary for treating your illness or injury, and performed by or under the supervision of a licensed therapist.



Home health aide: Medicare pays for an aide if you also require skilled care. A home health aide provides person care services, including help with bathing, toileting, and dressing. Medicare will not pay for an aide if you only require personal care and do not need skilled care.



Medical social services: If you qualify for home health care, Medicare pays for services ordered by your doctor to help you with social and emotional concerns related to your illness. This may include counseling or help finding resources in your community.



Medical supplies: Medicare pays in full for certain medical supplies, such as would dressings and catheters, when provided by a Medicare-certified home health agency (HHA).



Durable medical equipment (DME): Medicare pays 80% of its approved amount for certain pieces of medical equipment, such as a wheelchair or walker. You pay a 20% coinsurance charge as long as your home health agency accepts Medicare's approved amount for your DME as payment in full.

Medicare's home health benefit does **not** cover:

- 24-hour per day care at home
- Most prescription drugs (enroll in a Part D plan if you need prescription drugs)
- Meals delivered to your home
- Custodial care (homemaker services), although home health aides may perform some custodial care when visiting to provide other health related services

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Medicare will cover your home health care if:

1. **You are homebound**, meaning it is extremely difficult for you to leave your home and you need help doing so.
2. **You need skilled nursing services and/or skilled therapy on an intermittent basis.**
 - a. Intermittent means you need care at least once every 60 days and at most once a day for up to three weeks. This period can be longer if you need more care, but your care needs must be predictable and finite.
 - b. Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision.
 - c. Skilled therapy services refer to physical, speech, and occupational therapy. Note that you cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you qualify for home health care on another basis, you can also get occupational therapy.
3. **You have a face-to-face meeting with a doctor** within the 90 days before you start home health care, or within the 30 days after the first day you receive care.
4. **Your doctor signs a home health certification** confirming that you are homebound and need intermittent skilled care. The certification must also state that your doctor has approved a plan of care for you and that the face-to-face requirement was met.
5. **You receive your care from a Medicare-certified HHA.** If you need help finding a Medicare-approved HHA, call 1-800-MEDICARE or visit www.Medicare.gov/care-compare if you have Original Medicare. If you have a Medicare Advantage Plan, contact your plan directly.

What if I have a Medicare Advantage Plan?

Your plan must provide at least the same level of home health care coverage as Original Medicare, but it may impose different rules, restrictions, and costs. Depending on your plan you may need to:

- Get care from an HHA that contracts with your plan
- Request prior authorization or a referral before receiving home health care
- Pay a copayment for your care



Call your Medicare Advantage Plan to learn more.