

What home health services does Medicare cover?

Home health care includes a wide range of health and social services delivered in the home to treat illness or injury. Services covered by Medicare's home health benefit include:

- **Skilled nursing services:** Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness.
- **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 require skilled care. A home health aide provides personal 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 in the first place.
- **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 you have related to your illness. This may include counseling or help finding resources in your community.
- **Medical supplies:** Medicare pays for certain medical supplies, such as wound dressings and catheters, when provided by a Medicare-certified home health agency.
- **Durable Medical Equipment (DME):** Medicare pays 80% of its approved amount for certain pieces of medical equipment, such as a wheelchair or walker.

What home health services does Medicare not cover?

Medicare's home health benefit does not cover:

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

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How can I get my home health care covered?

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 on an intermittent basis and/or skilled therapy.
 - 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 home health agency (HHA). If you need help finding a Medicare-approved HHA, call 1-800-MEDICARE.

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What if I have a Medicare Advantage Plan?

If you have a Medicare Advantage Plan, your plan must provide at least the same level of home health care coverage as Original Medicare, but they 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

If you need information about the costs and coverage rules for home health care, or if you are experiencing problems, call your Medicare Advantage Plan.

Who can I call if I need more help?

You can call your **State Health Insurance Assistance Program (SHIP)** for information about how to get DME that you need covered by Medicare. Your SHIP can provide information about what kinds of DME are covered, whether you live in a competitive bidding area, and what kind of supplier you should get your equipment from.

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 cases of home health care billing errors, fraud or attempted fraud, and abuse. Your SMP can also help you report cases of fraud to the proper authorities.

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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Getting Medicare right



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