Fact Sheet: Medicare and Home Health Care

Medicare pays the full cost of medically necessary home health visits by a Medicare-approved home health agency. A home health agency is a public or private agency that provides skilled nursing care, physical therapy, speech therapy and other therapeutic services to treat an illness or injury. A nurse provides skilled nursing services on an intermittent or part-time basis, not fulltime. A referral from the doctor is required to begin home health care services.

Covered home health care services include:

- Part-time or intermittent skilled nursing care
- Part-time or intermittent home health aide services
- Physical therapy, speech-language therapy, occupational therapy
- Medicare social services
- Medical supplies (durable medical equipment has a twenty percent coinsurance that you pay.) You have to pay twenty percent of the approved amount for durable medical equipment such as wheelchairs and hospital beds provided under a plan-of-care set up and reviewed periodically by a doctor.

To qualify for coverage, you must:

- Need intermittent skilled nursing care, physical therapy, speech therapy, or occupational therapy.
- Be confined to your home.
- Be under a doctor's care.

Gaps in Home Health Coverage

Medicare home health does not cover:

- Full-time nursing care
- Meals delivered to your home
- Twenty percent of the Medicare-approved amount for durable medical equipment, plus charges in excess of the approved amount on unassigned claims.
- Homemaker services that are primarily to assist you in meeting personal care or housekeeping needs

Resources

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Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.

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www.medicare.gov