**MEDICARE HOME CARE COVERAGE**

**REQUIREMENTS:**

1. Patient must be confined to the home (homebound). Patient must either:

a. Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their residence OR

b. Have a condition such that leaving one’s home is medically contraindicated

If the patient meets one of these criteria, then the patient must also meet two additional requirements:

* There must exist a normal inability to leave the home; AND leaving home must require a considerable and taxing effort.

1. Physician has seen the patient up to 90 days prior to start of home care or within 30 days after the start of care and has documented the need for Medicare home care;
2. Services are furnished under a physician’s plan of care (also known as a physician order) and reviewed every two months;
3. Services are received from a certified home health agency;
4. Patient needs “intermittent skilled nursing services” OR physical therapy, speech therapy or has a continued need for occupational therapy; and
5. Intermittent skilled nursing services are defined as less than 7 days a week OR 7 days a week up to 7 hours per day for 21 days or less (with extensions in certain cases)

**BENEFITS:**

1. “Part time or intermittent” skilled nursing care and home health aide services up to 7 days a week for less than 8 hours a day and provided for up to 28 hours (35 hours in exceptional cases) per week;
2. Physical, speech and occupational therapy;
3. Medical social services;
4. Medical supplies and equipment; and
5. No deductible or copayment for home health services is required.

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