

Good to Know Medical Information

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Medicare covers home health services under Part A and/or Part B. Medicare covers **medically necessary** part-time or intermittent skilled nursing care, physical therapy, speech-language pathology services, or continued occupational therapy services. Home health services may also include medical social services, part-time or intermittent home health aide services, durable medical equipment, and medical supplies for use at home. “Part-time or intermittent” means you may be able to get skilled nursing care and home health aide services if they are provided less than 8 hours each day or less some limited situations). A doctor, or other health care provider (like a nurse practitioner), must see you face to face before certifying that you need home health services. A doctor or other provider must order your care, and a Medicare-certified home health agency must provide it.

Medicare covers home health services as long as you need part-time or intermittent skilled services and as long as you’re “**homebound**,” which means:

- You have trouble leaving your home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury.
- Leaving your home isn’t recommended because of your condition.
- You’re normally unable to leave your home because it’s a major effort.

You pay nothing for covered home health services. However, for Medicare-covered durable medical equipment, you pay 20% of the **Medicare-approved amount**. The Part B **deductible** applies.

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