



Medicare criteria for home health care

According to the Centers for Medicare & Medicaid Services, if you have Medicare, you can use your home health benefits if you meet all the following conditions:

- 1. You must be under the care of a doctor, and you must be getting services under a plan of care established and reviewed regularly by a doctor.**
- 2. You must need, and a doctor must certify that you need one or more of the following:**
 - Intermittent skilled nursing care
 - Physical therapy
 - Speech-language pathology services
 - Continued occupational therapy
- 3. The home health agency caring for you must be Medicare-certified.**
- 4. You must be homebound, and a doctor must certify that you're homebound. To be homebound means the following:**
 - Leaving your home isn't recommended because of your condition.
 - Your condition keeps you from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person).
 - Leaving home takes a considerable and taxing effort.

A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services. You can still get home health care if you attend adult day care, but you would get the home care services in your home.

Talk to your doctor today to find out if you qualify for homebound status. To learn more about Medicare coverage, visit medicare.gov.



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