

Services	Medicare Home Health Benefit <sup>1</sup>	Medicare Hospice Benefit <sup>2</sup>
Physician	Not covered, but 80% of approved charges are covered under Part B	Attending physician 80% covered under part B; hospice physician 100% covered
Skilled Nursing	Covered for skilled care, if part-time or intermittent, or daily for 21 days or less.	Covered for skilled and supportive care
Medications	Not included	Covered, related to terminal illness
Durable Medical Equipment	80% of approved amount covered	100% covered
Medical Supplies	Medical supplies covered	Medical and personal supplies covered
24-Hour On-Call Nurse	Not required	Included
Medical Social Work	Covered for patient	Covered for patient and caregivers
Homemaker/Home Health Aide	Covered if part-time or intermittent, must provide "hands on personal care." 28-35 /wk w/SN & HHA	Covered, no hourly restriction
Volunteers	Not included	Included for patients and loved ones
Chaplain Services	Not included	Covered
Bereavement Care	Not included	Included
Dietitian	Not covered for individual patients	Covered
Physical, Speech and Occupational Therapy	Covered, limitations on occupational therapy	Covered
Services to Nursing Facility Residents	Not covered	Covered, not including Room & Board
Inpatient Care	Not covered	Covered
Respite Care	Not covered	Covered for up to 5 consecutive days, possible coinsurance
Skilled Continuous Care	Not covered	Covered, during periods of medical crisis

<sup>1</sup> There are additional services that can be provided in the home, but are not included in the home health benefit. Medicare will pay for reasonable and necessary home health visits if all the following requirements are met: 1. Patient needs skilled care; 2. Patient is homebound; 3. Care is authorized by physician; and 4. Home Health agency is Medicare-certified. (42 CFR §409.42)

<sup>2</sup> Medicare will pay for hospice care if all the following requirements are met: 1. Prognosis that life expectancy is 6 months or less. (42 CFR §418.20) 2. Terminal illness is certified by physician; 3. Patient elects hospice benefit; 4. Care is specified in the hospice plan of care; and 5. Hospice program is Medicare-certified. (42 CFR §418.21, 418.22, 418.24)

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