



What In-Home Care Will Medicare Pay For?

Medicare does not typically cover most in-home care services unless they are deemed medically necessary and ordered by a doctor. Examples of covered services may include skilled nursing care, physical therapy, and occupational therapy. Medicare may also cover some medical equipment and supplies needed for in-home care.

It is important to note that Medicare does not cover non-medical home care services such as assistance with activities of daily living (ADLs). Medicare will not cover a caregiver to provide companionship, meal prep, transportation, and personal care, such as assistance in the bathroom. Patients may have to pay out of pocket for these types of services or seek assistance from Medi-Cal or other state programs if possible.

Medicare policies and coverage can vary based on individual circumstances and specific plans, so it is always best to check with your healthcare provider or the Medicare website for more information <https://www.medicare.gov/what-medicare-covers>.

In-Home Care (all services are time limited based on specific medical need):

- Must be home bound and have a doctor's order
- Skilling nursing care – wound care, intravenous or nutrition therapy, injections
- Physical therapy
- Occupational therapy
- Speech Language pathology services
- Bathing (will only be covered if receiving other in home services)
- Hospice care
- In-home caregiving is available from licensed home care companies on a private pay pay basis or through Medi-Cal's In Home Support Services (see *Resource Guide* titled *Medi-Cal & In-Home Supportive Services*)

Durable Medical Equipment (DME)

Medicare will typically pay for medically necessary and prescribed DME to treat a medical condition. Some examples of DME covered by Medicare include: Crutches, wheelchairs, hospital beds, walkers, oxygen equipment, CPAP machines, blood glucose monitors, insulin pumps, nebulizers, traction equipment, scooters, prosthetics, urinary catheters

Specific coverage and reimbursement standards can vary based on the type of device and the individual's condition. Prior authorization may also be required for certain medical devices.

How to obtain Durable Medical Equipment (DME)

DME can be obtained through Medicare if a physical therapist or home health agency is in place or if a physician puts in an order. The process depends on the insurance provider. If it is an HMO, then the physician works directly with the insurance provider due to needing authorization directly from the physician's office.

Once an authorization is obtained from a home health agency or physician, a vendor that provides DME and takes your insurance must be chosen. The home health agency or physician will usually coordinate this piece. Unfortunately, this isn't always a quick process.