

Protect yourself and Medicare from fraud

In general, most home health agencies are honest and use correct billing information. Unfortunately, fraud sometimes occurs. Examples of fraud include home health visits that your doctor or allowed provider orders that you didn't get, or bills for services and equipment you never got. Help us prevent fraud, waste, and abuse in the Medicare Program by reporting suspected Medicare fraud to 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-800-486-2048.

Know your rights

If Medicare doesn't pay for a service or supply, the home health agency will give you an "Advance Beneficiary Notice of Non-Coverage" to sign. This notice says Medicare probably (or certainly) won't pay for the item or service. Read this notice carefully—if you sign it, you're agreeing to pay the entire cost if Medicare doesn't cover the item or service.

When all of your covered home health services are ending, your home health agency should also give you a "Notice of Medicare Non-Coverage." If you think your services are ending too soon, you may have the right to a fast appeal. Your "Notice of Medicare Non-Coverage" tells you how to ask for a fast appeal. Ask your doctor or allowed provider for any information that may help your case. If you ask for this fast appeal, an independent reviewer will decide if your services should continue.

You have the right to participate in decisions about your treatment, the right to a fair process to appeal decisions about coverage and payment of services, and the right to privacy.

For more information, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to read the booklets "Medicare Rights & Protections" and "Medicare Appeals." You can also call 1-800-MEDICARE.

Where to get more information

Visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) to get official Medicare information.

TTY users can call 1-877-486-2048.

- **To compare how well home health agencies in your area care for patients (their quality),** visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).
- **To learn more about eligibility, coverage, and cost information,** visit [Medicare.gov/coverage/home-health-services](https://www.medicare.gov/coverage/home-health-services).
- **For more details on Medicare's coverage of home health,** visit [Medicare.gov/publications](https://www.medicare.gov/publications) to read the "Medicare & Home Health Care" booklet.
- **To get a report on a particular home health agency,** call your State Survey Agency.
- **For help with home health care bills,** call your Medicare Administrative Contractor (MAC). To get the number for your state, visit [CMS.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs#MapsandLists](https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs#MapsandLists)
- **For free health insurance counseling and personalized help,** call your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](https://www.shiphelp.org), or call 1-800-MEDICARE.



Medicare

"Medicare's Home Health Benefit" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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Medicare's Home Health Benefit

Get care in the comfort of your own home.

Get started



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Medicare



Home Health Care

Home health care gives skilled nursing care, physical and occupational therapy, speech-language therapy services, and medical social services in the comfort of your home when you're recovering from an illness or injury.

Your doctor or allowed provider (including a nurse practitioner, a clinical nurse specialist, and physician assistant) orders home health care. If you're leaving a facility, like a hospital or skilled nursing facility, the discharge planner may help transition your care from the facility to home health care.

Health care professionals from a Medicare-certified home health agency work with you and your doctor or allowed provider to evaluate your health care needs and write your plan of care, which tells you what home care services you need. The home health agency staff will teach you and your caregivers (family or friends who are helping you) how to continue any care you may need in the future, like wound care, therapy, and disease management.

Although you have a say in which agency you use, your choices may be limited by the services the agency gives, your insurance coverage, and whether the agency is available.

What's covered

For Medicare to cover home health services, they must be reasonable and necessary for the treatment of an illness or injury.

A Medicare-certified home health agency may give:

- Skilled nursing care on a part-time or intermittent basis by a registered nurse or a licensed practical nurse
- Physical therapy, speech-language pathology services, and occupational therapy
- Home health aide services (like help with personal care such as bathing, using the toilet, or dressing) on a part-time or intermittent basis if you're also getting skilled care from the home health agency
- Medical social services (like counseling or help finding resources in your community) if you're also getting skilled care from the home health agency
- Certain medical supplies (like wound dressings) when your doctor or allowed provider orders them as part of your care
- Durable medical equipment (like a walker, wheelchair, or oxygen equipment) when your doctor or allowed provider orders it



What you pay

You pay \$0 for Medicare-approved home health services. For durable medical equipment, you pay 20% of the Medicare-approved amount, after you pay the Medicare Part B (Medical Insurance) deductible.

Who can get covered home health care

You can get covered home health care if you meet all these conditions. You're:

- Under the care of a doctor or allowed provider
- Certified as homebound by your doctor or allowed provider
- Getting services as part of a care plan that your doctor or allowed provider established and reviews regularly
- In need of skilled nursing care on an intermittent basis or physical therapy or speech-language therapy, or in need of continuous occupational therapy

Your doctor or another allowed provider must see you face-to-face before they can certify you for home health services. **A doctor or allowed provider must order your care, and a Medicare-certified home health agency must give it.**

