

Home Care Guidelines



CHI Health at Home is a benefit covered by Medicare and most insurance*.

The following conditions are required for Medicare to pay for home care services:

- You must be an eligible Medicare beneficiary and under the care of a physician who has ordered home care services.
- The services ordered by your physician must be reasonable and medically necessary.
- A physician must assess for your home care needs 90 days before or 30 days after your admission to home care.
- Require skilled nursing care on an intermittent basis for a recent illness, injury or worsening condition.
- Require physical or speech therapy on an intermittent basis for a recent illness, injury or worsening condition.
- Due to your illness or injury, leaving your home is a considerable taxing effort.
- Your absences from home are infrequent and of short duration.
- If you are able to drive during this home care episode, you are not eligible for home care and Medicare would require you to receive your service through the physician office or another health care service line.

*Refer to your insurance policy for specific Home Care benefits.

Intermittent basis means that CHI Health at Home can only provide services for the length of time it takes to provide the specific treatment ordered by your physician.

When these requirements are met, Medicare will also pay for medically necessary occupational therapy, social services, home health aides and supplies related to your home care needs.

If you have questions about Medicare, please call CHI Health at Home at 402.898.8000 and ask to speak with a representative about Medicare coverage.