



Face-to-Face Form No Longer Required

Home Health Eligibility Criteria

In order for a patient to be eligible for the Medicare home health benefit:

All 5 of the following criteria must be met:

- 1. Be confined to the home - Homebound** (Note: Some private insurers do not require homebound)
 - 2. Requires skilled services**
 - 3. Remains under the care of a physician**
 - 4. Receives services under a plan of care established and reviewed by a physician**
 - 5. Face-to-Face encounter** (within 90 days prior to or within 30 days following SOC)
- * **Face-to-Face form is no longer required documentation**

Definition of Homebound: A patient must be confined to their home to be eligible for the Medicare home health benefit. (Note: Some private insurers do not require homebound)

Criteria One: One standard must be met: Because of illness or injury, patient needs the aid of supportive devices such as crutches, canes, wheelchairs and/or walkers; the use of special transportation; or the assistance of another person to leave their place of residence; **OR** patient has a condition such that leaving his/her home would be medically contraindicated.

Criteria Two: Both standards must be met: There must exist a normal inability to leave home **AND** leaving home must require a considerable and taxing effort.

Note: The patient may leave home infrequently or for periods of short duration, or to receive health care treatment. This includes, medical appointments, religious services, adult day care centers for medical care, and for other unique and infrequent events such as funerals, graduations and hair appointments.
(VNA can assist in determining homebound status, just send referral to central intake)

Skilled Services Include: That of a licensed professional in Nursing, Physical Therapy, Occupational Therapy, Speech Pathology or Social Work.

To make referrals or for questions regarding patient eligibility:

Central Intake: P: 866-591-8843 | F: 207-400-8894 | F: 207-400-8895