

# Home Health Care vs. Hospice



Service	Home Health Benefit	Hospice Benefit
<b>Skilled Nursing</b>	Covered for skilled care; part-time, intermittent for a specific period of time	Covered for skilled and supportive care; intermittent, scheduled as needed
<b>Physician Visits</b>	Not covered under home care, but 80% of approved charge covered under Part B	100% covered
<b>Medical Social Work</b>	Covered for patient	Covered for patient and caregivers
<b>Chaplain Services</b>	Not covered	Covered for patients and caregivers
<b>Home Health Aides/Home Helper Services</b>	Covered if part-time or intermittent, must provide "hands-on personal care"	Covered, no restriction of hours
<b>Volunteer Support for Patient &amp; Caregivers</b>	Not included	Included
<b>Medications Related to Primary Illness and Related Conditions</b>	Not included	Covered
<b>Durable Medical Equipment Related to Primary Illness and Related Conditions</b>	80% of approved amount covered	100% covered
<b>Respite Care</b>	Not covered	Covered
<b>24-Hour On-Call Nurse</b>	Not required	Included
<b>Continuous Care (Crisis Care)</b>	Not covered under home care but covered under hospital benefit	Covered during period of medical crisis
<b>Medical Supplies</b>	Medical supplies covered	Medical and personal supplies covered related to primary illness and related conditions
<b>Dietician</b>	Not covered for individual patients	Covered
<b>Therapy or Treatment, Physical Therapy, Occupational Therapy, Speech Pathology</b>	Covered with some limitations on Occupational Therapy; provided in a patient's private residence	Covered per patient's plan of care focused on comfort/management/relief of symptoms wherever a patient calls home
<b>Services for Nursing Facility Residents</b>	Not covered	Covered except for room/board
<b>Bereavement Care</b>	Not covered	Covered and will continue through 13 months of the bereavement period