Medicare Part B
Home Inotropic Therapy

Inotropic therapy may be covered for a patient meeting the following Medicare parameters:

1. Diagnosis of heart failure (ICD-9 code 428.0)

2. Testing
   a. Baseline testing off inotropic therapy demonstrating CI of 2.2 L/min/m2 or less OR a PCWP of 20 mm/Hg or greater
   b. Testing on inotropic therapy demonstrating a 20% improvement in CI OR PCWP
   c. Testing is done either by invasive hemodynamic monitoring or by using electrical bioimpedance cardiography

3. Medications: digoxin, diuretic, ACE inhibitor or vasodilator; must document drug, frequency and dose OR medical rationale for not prescribing

4. Must have either dyspnea at rest OR dyspnea on mild exertion upon admission (documented) AND improve clinically on inotropic therapy

5. Drug dose parameters (lower doses accepted only if weaned from ranges listed below):
   a. Dobutamine: 2.5–10 mcg/kg/min
   b. Milrinone: 0.375–0.75 mcg/kg/min
   c. Dopamine: <5 mcg/kg/min

6. Must have documented failure to wean in the hospital (clinical symptoms) or medical rationale why weaning/tapering is not possible (i.e., bridge to transplant, required dose escalation, failed weaning from prior hospital admission)

7. Patient must be capable to go to MD for monthly outpatient evaluation.

8. Patient must NOT require electrocardiograph monitoring at home.

NOTE: The Medicare Inotrope Data Collection Form “may not be completed by the supplier or anyone in a financial relationship with the supplier.”

— CMS National Coverage Policy

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