

Tip Sheet

Medicare Part B Requirements for Home Inotropic Therapy

1. Document Stage D or NYHA Class IV heart failure (HF) inotropic therapy use — Medicare WILL NOT ACCEPT Stage C or NYHA Class IIIb.
2. Document previous treatment using guideline — directed medical therapy (GDMT) — i.e., diuretics, ACE inhibitors, ARB antagonists, beta blockers, aldosterone antagonists, hydralazine, isosorbide dinitrate and statins, as appropriate.
3. Document HF symptoms despite GDMT — i.e., SOB, edema, fatigue, PND, orthopnea, JVD, weight gain, renal insufficiency.
4. Document improvement of HF symptoms on inotropic therapy.

5. Document reason for inotropic therapy: bridge to transplant, bridge to VAD, or palliative care.
6. Cardiology evaluation used to determine need for inotropic therapy and planned advanced therapy choice (bridge to transplant, bridge to VAD, or palliative care) performed by prescribing cardiologist with experience in advanced heart failure therapies. This cannot be an intern, resident, cardiology fellow, nurse practitioner or physician assistant, etc.
7. The heart failure team or physician may have no financial relationship with the supplier.

Reminder: Patient must be seen by prescribing cardiologist/heart failure team every 90 days, at minimum, for ongoing reimbursement of home inotropic therapy.

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