



**The following information was taken from the Medicare Supplier Manual. It details Medicare guidelines for Parenteral Inotropic therapy.**

D. Administration of parenteral inotropic therapy, using the drugs dobutamine, milrinone and/or dopamine for patients with congestive heart failure and depressed cardiac function if a patient has all of the following conditions:

1. Dyspnea at rest despite treatment with maximum or near maximum tolerated doses of digitoxin, a loop diuretic, and an angiotension converting enzyme inhibitor or another vasodilator (e.g. hydralazine or isosorbide dinitrate), used simultaneously (unless allergic or intolerant), and
2. Doses are within the following ranges or lower (lower doses will be covered only if part of a weaning or tapering protocol from higher dose levels):
  - a. Dobutamine            2.5-10mcg/kg/min
  - b. Milrinone              0.375-0.750mcg/kg/min
  - c. Dopamine              <2mcg/kg/min, and
3. Invasive hemodynamic studies performed within 6 months prior to the initiation of home inotropic therapy show (a) cardiac index (CI) is less than or equal to 2.2liters/min/meter squared and/or pulmonary capillary wedge pressure (PCWP) is greater than or equal to 20mm Hg before inotrope infusion on maximum medical management and (b) at least a 20% increase in CI and/or at least a 20% decrease in PCWP during inotrope infusion at the dose initially prescribed for home infusion.
4. An improvement in patient well being, (less dyspnea, improved diuresis, improved renal function and/or reduction in weight) with the absence of dyspnea at rest at the time of discharge and the capability of outpatient evaluation by the prescribing physician at least monthly, and
5. In the case of continuous infusion, there is documented deterioration in clinical status when the drug(s) is tapered or discontinued under observation in the hospital.
6. Any life threatening arrhythmia is controlled prior to hospital discharge and there is no need for routine electrocardiographic monitoring at home, and
7. The patient is maintained on the lowest practical dose and efforts to decrease the dose of the drug(s) or the frequency/duration of infusion are documented during the first 3 months of therapy, and
8. The patient's cardiac symptoms, vital signs, weight, lab values, and response to therapy are routinely assessed and documented in the patient's medical record.

## MEDICARE REQUIREMENT

### HOME PARENTERAL INOTROPIC THERAPY DOCUMENTATION CHECKLIST

In order for Medicare to cover Home Inotropic Therapy, the following documentation must be kept on file with the supplier:

WE WILL NEED COPIES OF INVASIVE HEMODYNAMIC TESTING-CARDIAC CATHETERIZATION TESTS

1.COPIES OF TEST PERFORMED WITHIN 6 MONTHS PRIOR TO INITIATION OF HOME INOTROPIC THERAPY

#### VALUES MUST SHOW:

CARDIAC INDEX (CI) LESS THAN OR = TO 2.2LITER/MIN/LITER

AND/OR

PULMONARY CAPILLARY WEDGE PRESSURE (PCWP) GREATER THAN OR = TO 20MM HG

2.COPIES OF TEST PERFORMED DURING INOTROPIC THERAPY

#### VALUES MUST SHOW:

A 20% INCREASE IN CARDIA INDEX

AND/OR

FOR AT LEAST A 20% DECREASE IN (PCWP) AT DOSE PRESCRIBED HOME INOTROPIC THERAPY

**\*ALL INFORMATION MUST BE DOCUMENTED ON THE INOTROPIC DATA COLLECTION FORM ATTACHED AND SIGNED BY THE ORDERING PHYSICIAN.**