

## If you have a patient with Heart Disease, they may be eligible for hospice.

Only one in three people in the United States eligible for hospice care receive it – even though hospice is covered by Medicare and most Medicaid and commercial insurance plans for eligible patients. This even includes coverage for medications, equipment and supplies related to comfort care for the life-limiting illness.

Why aren't more people taking advantage of the benefit? Largely because people don't understand all that hospice can offer – or because they are not aware of the many diagnoses that can qualify a patient for hospice. If you have a patient with heart disease that meets the following criteria, they may be eligible for hospice services:

### Heart Disease/CHF THE PATIENT HAS 1 OR 2 AND 3

1. Poor response to (or patient's choice is not to pursue) optimal treatment with diuretics, vasodilators, and/or angiotensin converting enzyme (ACE) inhibitors
- OR**
2. The patient has angina pectoris at rest resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures
- AND**
3. New York Heart Association (NYHA) Class IV symptoms with both of the following:
    - The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina at rest
    - Inability to carry out even minimal physical activity without symptoms of heart failure (dyspnea and or angina)

### Supporting evidence for hospice eligibility:

- Echo demonstrating an ejection fraction of 20% or less
- Treatment resistant symptomatic dysrhythmias
- History of unexplained or cardiac related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest resuscitation

*In the absence of one or more of these findings, rapid decline or co-morbidities may also support eligibility for hospice care. Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less if the disease runs its normal course. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment.*

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