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Criteria for Hospice: Heart Disease

Mark all that apply: Note: 1 and 2 are important indications of the severity of heart disease and support a terminal prognosis if met.

1. At the time of initial certification or re-certification for hospice

- a. Optimal treatment with diuretics and vasodialators, which may include ACE inhibitors or combination of hydralazine and nitrates. If side effects prohibit the use of ACE inhibitors, this must be documented in the medical records OR
- b. Patients have angina pectoris, at rest, resistant to standard nitrate therapy and either not candidates or decline invasive procedures.

2. The Patient has significant symptoms of recurrent congestive heart failure at rest and is classified as a NY Heart Asso. Class IV.

- a. Unable to carry on any physical activity without symptoms;
- b. Symptoms are present even at rest;
- c. If any physical activity is undertaken, symptoms are increased.

These Factors will support eligibility for hospice care:

- a. Tx resistant symptomatic supra ventricular or ventricular arrhythmia
- b. History of cardiac arrest or resuscitation
- c. History of unexplained syncope
- d. Brain embolism (cardiac origin)
- e. Concomitant HIV disease
- f. Documentation of ejection fraction of 20% or less

<input type="checkbox"/> 4. Comorbid Conditions- List all	Structural/Functional Limitations	Activity/Participation Limitations
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> 5. Secondary Conditions i.e., hypertension, edema, SOB, etc.	Structural/Functional Limitations	Activity/Participation Limitations
_____	_____	_____
_____	_____	_____
_____	_____	_____

ICD9 Codes:

- 428.0** Congestive Heart Failure
- 428.1** Left Heart Failure
- 428.9** Heart Failure, Unspecified