

**NAME OF THE HOSPITAL:** \_\_\_\_\_

**1) ASD Device Closure (SURGICAL ATRIAL SEPTAL DEFECT CLOSURE): S7F1.3**

1. Name of the Procedure: Atrial Septal Defect Device Closure
2. Select the Indication: Atrial Septal Defect
3. Does the patient have Atrial Septal Defect with significant left-to-right shunt (presence of RV volume over load) without significant pulmonary vascular disease: Yes/No (Upload ECHO report and cardiac catheterization report if available)

I hereby declare that the above furnished information is true to the best of my knowledge.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**2) VSD Device Closure (SURGICAL VENTRICULAR SEPTAL DEFECT CLOSURE): S7F1.4**

1. Name of the Procedure: Ventricular Septal Defect Device Closure
2. Select the Indication: VENTRICULAR SEPTAL DEFECT
3. Does the patient have Ventricular Septal Defect with significant left-to-right shunt (presence of LV volume over load) without significant pulmonary vascular disease: Yes/No (Upload ECHO report)  
OR
4. VSD with any degree of left-to-right shunt in the presence of history of infective endocarditis or a sub-arterial location of VSD: Yes/No (Upload ECHO report or other documents as proof of previous IE)

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**3) PDA Stenting: S7F1.5**

1. Name of the Procedure: PDA Stenting
2. Indications: PDA with Aortic atresia/ Pulmonary atresia with intact septum/ Interrupted aortic arch/ Age < 6 weeks/ Any other complex congenital heart disorder with duct dependant circulation
3. Did the patient present with deepening of cyanosis, hypotension, respiratory distress or improvement of saturation after PGE1 infusion: Yes/No
4. If the answer to question 3 is Yes then is there evidence of PDA on – 2 D ECHO: Yes/No (Upload reports)

For Eligibility for PDA Stenting the answer to question 4 must be YES

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**4) PDA Device Closure (SURGICAL PATENT DUCTUS ARTERIOSUS LIGATION): S7F1.6**

1. Name of the Procedure: Patent Ductus Arteriosus Device Closure
2. Select the Indication: PATENT DUCTUS ARTERIOSUS
3. Does the patient have PDA with a continuous murmur with or without signs of LV volume overload, without significant pulmonary vascular disease: Yes/No

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NAME OF THE HOSPITAL: \_\_\_\_\_

**5) Coil Closure Single Coil: S7F1.7**

1. Name of the Procedure: Coil Closure Single Coil

2. Indications:

Small PDA < 3 mm
MAPCAs (major aorto pulmonary collateral arteries)/ Residual BT shunt

3. Did the patient present with respiratory distress, failure to gain weight, recurrent respiratory infection, development of pulmonary hypertension, past history of one episode of infective endocarditis: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Small PDA < 3 mm on – 2 D ECHO: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of:

- a. Severe PH with Right to Left shunt: Yes/No
- b. Baseline SPO2 < 90%: Yes/No
- c. Large PDA > 8mm: Yes/No

For Eligibility for Coil Closure Single Coil the answer to question 5a, 5b and 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**6) Coil Closure Single Coil: S7F1.7**

1. Name of the Procedure: Coil Closure Single Coil

2. Indications:

Small PDA < 3 mm
MAPCAs (major aorto pulmonary collateral arteries)/ Residual BT shunt

3. Did the patient present with cyanosis/clubbing, continuous murmur on auscultation:  
Yes/No

4. If the answer to question 3 is Yes then is there evidence of MAPCAs (major aorto pulmonary collateral arteries)/ Residual BT shunt on - 2 D ECHO/ CT Scan/ Diagnostic Cardiac Cath: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of large MAPCA supplying > 2 segments of lung with MAPCA as the only supply of that segment: Yes/No

For Eligibility for Coil Closure Single Coil the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**7) Coil Closure Multiple Coils: S7F1.8**

1. Name of the Procedure: Coil Closure Multiple Coils

2. Indications:

Large PDA 3 - 6 mm
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Residual BT shunt present after single coil
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3. Did the patient present with respiratory distress, recurrent lower respiratory infection, evidence of pulmonary hypertension, past history of one episode of infective endocarditis: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Large PDA 3 - 6 mm on – 2 D ECHO: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of:

a. Severe PH with Right to Left shunt: Yes/No

b. Baseline SPO2 < 90% in lower limbs or saturation falling to < 90% with exercise: Yes/No

For Eligibility for Coil Closure Multiple Coils the answer to question 5a and 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**8) Coil Closure Multiple Coils: S7F1.8**

1. Name of the Procedure: Coil Closure Multiple Coils

2. Indications:

Large PDA 3 - 6 mm
Residual BT shunt present after single coil

3. Did the patient present with cyanosis/clubbing, continuous murmur on auscultation:  
Yes/No

4. If the answer to question 3 is Yes then is there evidence of Residual BT shunt present  
after single coil on - 2 D ECHO/ CT Scan/ Diagnostic Cardiac Cath: Yes/No (Upload  
reports)

5. If the answer to question 4 is Yes then is there evidence of large MAPCA supplying > 2  
segments of lung with MAPCA as the only supply of that segment: Yes/No

For Eligibility for Coil Closure Multiple Coils the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**9) PERCUTANEOUS BALLON MITRAL COMMISSUROTOMY/ BALLOON VALVOTOMY:  
S7F2.1**

1. Name of the Procedure: PTMC/ BALLOON VALVOTOMY
2. Select the Indication: RHEUMATIC MITRAL STENOSIS
3. Does the patient have
  - a. Severe rheumatic mitral stenosis (mitral valve area < 1 cm<sup>2</sup>): Yes/No (Upload ECHO report) OR
  - b. Moderate rheumatic mitral stenosis (mitral valve area 1-1.5 cm<sup>2</sup>) with significant symptoms or significant pulmonary arterial hypertension: Yes/No (Upload ECHO report and attach case notes)
4. If answer to ether question 3a OR 3b is Yes, then patient should not have any of the following
  - a. More than mild mitral regurgitation: Yes/No
  - b. Significant aortic valve disease: Yes/No
  - c. Coronary disease requiring CABG: Yes/No All the three a, b, c should be absent

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NAME OF THE HOSPITAL: \_\_\_\_\_

**10) Balloon Atrial Septostomy: S7F2.2**

1. Name of the Procedure: Balloon Atrial Septostomy

2. Indications:

As a palliative procedure in newborn infant with-

i. d-TGA with restrictive ASD/PFO

ii. Tricuspid atresia with restrictive ASD

iii. Pulmonary atresia with intact IVS

Severe primary pulmonary HTN with right ventricular failure not responding to medical therapy

3. Did the patient present with gross cyanosis, respiratory distress, hypotension: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- 2 D ECHO :  
Yes/No (Upload reports)

For Eligibility for Balloon Atrial Septostomy the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: \_\_\_\_\_

**11) Balloon Atrial Septostomy: S7F2.2**

1. Name of the Procedure: Balloon Atrial Septostomy

2. Indications:

As a palliative procedure in newborn infant with-

- i. d-TGA with restrictive ASD/PFO
- ii. Tricuspid atresia with restrictive ASD
- iii. Pulmonary atresia with intact IVS

**Severe primary pulmonary HTN with right ventricular failure not responding to medical therapy**

3. Did the patient present with signs & symptoms of decompensated right sided heart failure: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - 2 D ECHO : Yes/No (Upload reports)

For Eligibility for Balloon Atrial Septostomy the answer to question 4 must be Yes

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**12) Coarctation Of Aorta Repair With Stent (Coarctoplasty with stent): S7F4.1**

1. Name of the Procedure: Coarctation Of Aorta Repair With Stent (Coarctoplasty with stent)
2. Indications:  
Recurrent discrete severe coarctation of aorta in adult/ Native discrete severe coarctation as alternative to surgery in adults & children more than 10 years
3. Did the patient have radio-femoral delay, discrepancy in upper limb – lower limb pulse & B.P : Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG, Chest X ray, ECHO with color Doppler or CT Aortogram or MR Aortogram : Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
  - a. Long coarctation segment narrowing: Yes/No
  - b. Aortic arch hypoplasia: Yes/No

For Eligibility for Coarctoplasty with stent the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**13) Renal Angioplasty: S7F5.1**

1. Name of the Procedure: Renal Angioplasty
2. Indications: Significant renal artery stenosis
3. Did the patient present with unexplained pulmonary edema/ severe resistant systemic hypertension/ progressive renal failure & azotemia after administration of ACEI or ARBS/ unexplained atrophic kidney or size discrepancy > 1.5 cms between 2 kidneys:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of renal artery stenosis on-  
Renal arterial Doppler/ Renal angiography & catheterization, CT/ MRI – (optional):  
Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is there evidence of asymptomatic unilateral/  
bilateral RAS with control B.P & normal renal function not meeting above criteria:  
Yes/No

For Eligibility for Renal Angioplasty the answer to question 5 must be No

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NAME OF THE HOSPITAL: \_\_\_\_\_

**14) CORONARY ARTERY BYPASS GRAFTING: S7F6.1/S7F6.2/S7F6.5/S7F6.6**

1. Name of the Procedure: Coronary Artery Bypass Grafting
2. Select the Indication from the drop down of various indications provided under this head:

Chronic Stable Angina
Acute Coronary Syndrome, Unstable Angina
Acute Coronary Syndrome
Non-ST Elevation MI

3. Does the patient have Angina class III-IV: Yes/No
4. If answer to 3 is NO, does the patient have a moderately or strongly positive stress test: Yes/No (Attach Stress Test Report)
5. If the answer to either question 3 OR question 4 is yes,
  - a. Does the patient have >50% diameter stenosis of the left main coronary artery: Yes/No (Upload Angiogram)  
AND/OR
  - b. Does the patient have significant(>70%) two or three-vessel coronary disease: Yes/No (Upload Angiogram)
6. If the answer to either question 5a OR 5b is Yes then is the patient receiving aspirin and statin AND at least 2 of the following classes of drugs: long acting nitrates, beta-blockers, calcium channel blockers: Yes/No (Attach Prescription)

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**15) CORONARY ARTERY BYPASS GRAFTING: S7F6.1/S7F6.2/S7F6.5/S7F6.6**

1. Name of the Procedure: Coronary Artery Bypass Grafting
2. Select the Indication from the drop down of various indications provided under this head:

Chronic Stable Angina
Acute Coronary Syndrome, Unstable Angina
Acute Coronary Syndrome
Non-ST Elevation MI

3. Does the patient have Angina class III-IV in the last 72 hours: Yes/No
4. If the answer to question 3 is Yes,
  - a. Did the patient have dynamic ECG changes suggestive of ischemia (ST depression or T wave inversion): Yes/No
  - b. Does the patient have a POSITIVE Cardiac Biomarker test result (CK-MB, Troponin T/I): Yes/No
5. If the answers to question 4 a and 4b are both NO, does the patient has a positive stress test: Yes/No (Attach Stress Test Report)

(If the answer to 4a is YES and 4b is NO, then change your selection in 2 to ACS and proceed; if answer to 4b is YES, then change your selection in 2 to Non-ST elevation MI and proceed)

6. If the answer to question 5 is Yes,
  - a. Does the patient have >50% diameter stenosis of the left main coronary artery: Yes/No (Upload Angiogram)  
AND/OR
  - b. Does the patient have significant(>70%) two or three-vessel coronary disease: Yes/No (Upload Angiogram)
7. If answer to either 6a OR 6b is Yes, then is the patient receiving aspirin and a statin AND atleast 2 of the following classes of drugs: long-acting nitrates, beta-blockers, calcium channel blockers: Yes/No (Attach Prescription)

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**16) CORONARY ARTERY BYPASS GRAFTING: S7F6.1/S7F6.2/S7F6.5/S7F6.6**

1. Name of the Procedure: Coronary Artery Bypass Grafting
2. Select the Indication from the drop down of various indications provided under this head:

Chronic Stable Angina
Acute Coronary Syndrome, Unstable Angina
Acute Coronary Syndrome
Non-ST Elevation MI

3. Did the patient have Angina class III-IV in the last 72 hours: Yes/No
4. If the answer to question 3 is Yes,
  - a. Did the patient have new onset of dynamic ECG changes suggestive of ischemia (ST depression or T wave inversion): Yes/No (Upload At-least 2 ECGs taken few hours apart)
  - b. Does the patient have a POSITIVE Cardiac Biomarker test result (CK-MB, Troponin T/I): Yes/No
5. If answer to 4a is YES and 4b is NO
  - a. Does the patient have >50% diameter stenosis of the left main coronary artery: Yes/No (Upload Angiogram)  
AND/OR
  - b. Does the patient have significant(>70%) two or three-vessel coronary disease: Yes/No (Upload Angiogram)
6. If answer to either 5a OR 5b is Yes, then is the patient receiving aspirin and a statin AND atleast 2 of the following classes of drugs: long-acting nitrates, beta-blockers, calcium channel blockers: Yes/No (Attach Prescription)

(If the answer to 4a and 4b are both NO, then change your selection in 2 to ACS, Unstable angina and proceed; if answer to 4b is YES, then change your selection in 2 to Non-ST elevation MI and proceed)

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**17) CORONARY ARTERY BYPASS GRAFTING: S7F6.1/S7F6.2/S7F6.5/S7F6.6**

1. Name of the Procedure: Coronary Artery Bypass Grafting
2. Select the Indication from the drop down of various indications provided under this head:

Chronic Stable Angina
Acute Coronary Syndrome, Unstable Angina
Acute Coronary Syndrome
Non-ST Elevation MI

3. Does the patient have Angina class III-IV in the last 72 hours: Yes/No
4. If the answer to question 3 is Yes,
  - a. Did the patient has new onset of (persistent) ECG changes suggestive of infarction (persistent ST depression or T wave inversion): Yes/No (Upload At-least 2 ECGs taken few hours apart)
  - b. Does the patient have elevated Cardiac Biomarkers (CK-MB, Troponin T/I): Yes/No (Attach Test Report)
5. If the answer to either of 4a or 4b is YES,
  - a. Does the patient have >50% diameter stenosis of the left main coronary artery: Yes/No (Upload Angiogram)  
AND/OR
  - b. Does the patient have significant(>70%) two or three-vessel coronary disease: Yes/No (Upload Angiogram)
6. If answer to either 5a OR 5b is Yes, then is the patient receiving aspirin and a statin AND atleast 2 of the following classes of drugs: long-acting nitrates, beta-blockers, calcium channel blockers: Yes/No (Attach Prescription)

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**18) Mitral Valve Replacement (With Valve): S7F6.4**

1. Name of the Procedure: Mitral Valve Replacement Surgery
2. Select the Indication from the drop down of various indications provided under this head:

Mitral Stenosis
Mitral Regurgitation

3. Does the patient have severe mitral stenosis (mitral valve area <1cm<sup>2</sup>): Yes/No (Upload ECHO report)
  4. Does the patient have Severe mitral regurgitation: Yes/No (Upload ECHO report)
  5. If answer to question 4 is Yes, Does the patient have either of the following
    - a. Exertional Symptoms (class II-IV): Yes/No
    - b. LV end systolic dimension > 45 mm: Yes/No
    - c. LVEF <60%
  6. Does the patient have significant aortic valve disease: Yes/No (Upload ECHO report)
- For eligibility for MVR, the answer to 6 must be NO

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**19) Aortic Valve Replacement (With Valve): S7F9.1**

1. Name of the Procedure: Aortic Valve Replacement Surgery
2. Select the Indication from the drop down of various indications provided under this head:

Aortic Stenosis
Aortic Regurgitation

3. Does the patient have
  - a. Severe aortic stenosis (aortic valve area<0.6cm<sup>2</sup>/m<sup>2</sup>): Yes/No (Upload ECHO report)
  - b. Mean systolic gradient >40mm Hg
4. Does the patient have Severe mitral regurgitation: Yes/No (Upload ECHO report)
5. If answer to question 4 is Yes, Does the patient have either of the following
  - a. Exertional Symptoms (class II-IV): Yes/No
  - b. LV end systolic dimension >50 mm: Yes/No
  - c. LV end systolic dimension >25 mm/m<sup>2</sup> BSA: Yes/No
  - d. LV end diastolic dimension >70 mm: Yes/No
  - e. LVEF <50%

6. Does the patient have significant mitral valve disease: Yes/No (Upload ECHO report)

For eligibility for AVR, the answer to 6 must be NO

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NAME OF THE HOSPITAL: \_\_\_\_\_

**20) Double Valve Replacement (With Valve): S7F9.3**

1. Name of the Procedure: Double Valve Replacement Surgery
2. Select the Indication from the drop down of various indications provided under this head:

Severe MS/MR with at least moderate AS/AR
Severe AS/AR with at least moderate MS/MR

3. Does the patient have severe mitral stenosis (mitral valve area<1cm<sup>2</sup>): Yes/No (Upload ECHO report)
4. Does the patient have severe mitral regurgitation: Yes/No
5. If answer to either question 3 OR question 4 is Yes, Does the patient have:
  - a. Exertional Symptoms ( class II-IV): Yes/No
  - b. LV end systolic dimension >45 mm or ≥ 23 mm/m<sup>2</sup> BSA in children: Yes/No
  - c. LVEF <60%
6. If answer to either question 5a OR 5b OR 5c is Yes then does the patient have:
  - a. Moderate to severe aortic stenosis (mean aortic valve gradient 25-40 mm Hg): Yes/No
  - b. Moderate to severe aortic regurgitation: Yes/No

For eligibility for Double Valve Replacement, the answer to either 6a OR 6b must be Yes.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**21. Double Valve Replacement (With Valve): S7F9.3**

1. Name of the Procedure: Double Valve Replacement Surgery
2. Select the Indication from the drop down of various indications provided under this head:

Severe MS/MR with at least moderate AS/AR
Severe AS/AR with at least moderate MS/MR

3. Does the patient have severe aortic stenosis (aortic valve area <0.6cm<sup>2</sup>/m<sup>2</sup> and/or mean systolic gradient >40mm Hg): Yes/No (Upload ECHO report)
4. Does the patient have severe aortic regurgitation: Yes/No
5. If answer to either question 3 OR question 4 is Yes, Does the patient have:
  - a. Exertional Symptoms (class II-IV): Yes/No
  - b. LV end systolic dimension >50 mm: Yes/No
  - c. LV end systolic dimension >25 mm/m<sup>2</sup> BSA in children
  - d. LV end diastolic dimension >70 mm
  - e. LVEF ≤50%
6. If answer to either question 5a OR 5b OR 5c OR 5d OR 5e is Yes then does the patient have:
  - a. Moderate to severe mitral stenosis (mitral valve area 1.1-1.5 cm<sup>2</sup>): Yes/No
  - b. Moderate to severe mitral regurgitation: Yes/No

For eligibility for Double Valve Replacement, the answer to either 6a OR 6b must be Yes.

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