

NAME OF THE HOSPITAL: _____

1. Coronary Balloon Angioplasty: M7F1.1/ Angioplasty with Stent(PTCA with Stent): M7F1.3

1. Name of the Procedure: **Coronary Balloon Angioplasty**
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
Recent STEMI

3. Does the patient have Angina class III-IV: Yes/No
4. If the answer to question 3 is yes,
 - a. Does the patient have $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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)
5. If the answer to question 3 is No, has the patient had a stress test: Yes/No
6. If the answer to question 5 is Yes, Is the stress test moderately or strongly positive: Yes/No (Attach Stress Test Report)
7. If the answer to question 6 is Yes,
 - a. Does the patient have $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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)

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. Coronary Balloon Angioplasty: M7F1.1/ Angioplasty with Stent(PTCA with Stent): M7F1.3

1. Name of the Procedure: **Coronary Balloon Angioplasty**
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
Recent STEMI

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 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 answer to questions 5 is Yes
 - a. Does the patient have $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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: _____

3. Coronary Balloon Angioplasty: M7F1.1/ Angioplasty with Stent(PTCA with Stent): M7F1.3

1. Name of the Procedure: **Coronary Balloon Angioplasty**
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
Recent STEMI

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 or 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 $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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: _____

4. Coronary Balloon Angioplasty: M7F1.1/ Angioplasty with Stent(PTCA with Stent): M7F1.3

1. Name of the Procedure: **Coronary Balloon Angioplasty**
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
Recent STEMI

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 $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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: _____

5. Coronary Balloon Angioplasty: M7F1.1/ Angioplasty with Stent(PTCA with Stent): M7F1.3

1. Name of the Procedure: **Coronary Balloon Angioplasty**
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
Recent STEMI

3. Did the patient have STEMI <4 weeks but >72 hours ago: Yes/No (Upload At-least 2 ECGs taken few hours apart)
4. If answer to question 3 is Yes, Does the patient have
 - a. Angina class II-IV: Yes/No
 - OR
 - b. A positive stress test report: Yes/No (Attach Stress test Report)
5. If answer to question 3 is Yes and either of 4a OR 4b is Yes, then
 - a. Does the patient has $\geq 70\%$ diameter stenosis in ≤ 2 major coronary arteries, AND no significant left main disease: Yes/No (Upload Angiogram)
 - b. 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: _____

6. PERMANENT PACEMAKER IMPLANTATION: FOR 2:1 OR COMPLETE AV BLOCK M7F3.1

1. Name of the Procedure: **Permanent Pacemaker Implantation**
2. Select the Indication from the drop down of various indications provided under this head:

AV Block
Sinus Node Disease

3. Does the patient have either of the following:
 - a. Complete AV block (demonstrated on ECG): Yes/No (Upload ECG) OR
 - b. Symptomatic 2:1 AV block with syncope: Yes/No (Upload ECG, Attach case note)
4. If answer to either of 3a OR 3b is Yes, then there should be no reversible causes such as,
 - a. Acute MI: Yes/No
 - b. Electrolyte abnormalities: Yes/No
 - c. Drug Toxicity: Yes/NoAll a, b, c should be No (Attach Basic Blood Biochemistry report and drug prescription)

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NAME OF THE HOSPITAL: _____

7. PERMANENT PACEMAKER IMPLANTATION: FOR SINUS NODE DISEASE M7F3.1

1. Name of the Procedure:

Permanent Pacemaker Implantation

2. Select the Indication from the drop down of various indications provided under this head:

AV Block
Sinus Node Disease

3. Does the patient has symptomatic sick sinus syndrome (corroborated by ECG, Holter recordings or by electrophysiological study): Yes/No (Upload ECG or relevant test reports)
4. If answer to question 3 is Yes and patient is not on beta-blockers or rate-reducing calcium channel blockers : Yes/No (Attach Prescription)

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NAME OF THE HOSPITAL: _____

8. Temporary Pacemaker Implantation: M7F3.2

1. Name of the Procedure: Temporary Pacemaker Implantation
2. Indications:
Acute M.I with 3rd degree or 2nd degree infranodal A-V block (Type-II)/ Symptomatic bradyarrhythmia due to S.A nodal dysfunction or A-V nodal block/ Overdrive pacing in ventricular tachycardia/ Support cardiac output after cardiac surgery/ E.P study for arterial or ventricular pacing
3. Did the patient present with hypotension with bradycardia, pre-syncope, syncope, stroke/ TIA: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG, 2 D Echo: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Acute M.I with transient A-V block with isolated LAFB (Left anterior fascicular block): Yes/No
 - b. Asymptomatic sinus node dysfunction: Yes/No
 - c. Asymptomatic 1st degree A-V block: Yes/No
 - d. Asymptomatic 2nd degree type-1 A-V block: Yes/No

For Eligibility for Temporary Pacemaker Implantation the answer to question 5a, 5b, 5c & 5d must be No

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NAME OF THE HOSPITAL: _____

9. Pericardial Effusion Tamponade: M7T1.10

1. Name of the Procedure: Pericardiocentesis
2. Indications:
Cardiac Tamponade/ Large Effusion
3. Did the patient present with dyspnea, hypotension, raised IVP, muffling of heart sounds on auscultation, pulsus paradoxus: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done-
ECG, 2 D Echo/ CT: Yes/No (Upload reports)

For Eligibility for Pericardial Effusion Tamponade the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

10. Thrombolytic Therapy for Acute MI: M7T1.11

1. Name of the Procedure: Thrombolytic Therapy for Acute MI
2. Indications:
STEMI with onset & symptoms within 12 hours if PCI delay > 120 mins/ STEMI with onset & symptoms within 12-24 hours & ongoing ischemia/ ECG changes & PCI not possible
3. Did the patient present with S-T elevation myocardial infarction/ new onset LBBB/ Angina/ Angina equivalents – dyspnoea, syncope, palpitation, nausea/ Acute LV failure: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- ECG, cardiac biomarkers, 2 D Echo: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Non S-T elevation myocardial infarction: Yes/No
 - b. Clinical evidence of Aortic dissection: Yes/No
 - c. Past history of ICH: Yes/No
 - d. Past history of ischemic stroke < 3 months: Yes/No
 - e. Active bleeding diathesis except menses: Yes/No
 - f. Cerebrovascular malformation: Yes/No
 - g. Close head/ facial trauma < 3 months: Yes/No

For Eligibility for Thrombolytic Therapy for Acute MI the answer to question 5a, 5b, 5c, 5d, 5e, 5f & 5g must be No

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NAME OF THE HOSPITAL: _____

11. Acute MI With Cardiogenic Shock: M7T1.3

1. Name of the Procedure: Acute MI With Cardiogenic Shock
2. Indication:
Acute Coronary Syndrome (STEMI/NSTEMI) with hypotension
3. Did the patient present with breathlessness, orthopnoea, pulmonary oedema, hypotension, syncope: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- ECG, 2 D Echo, cardiac biomarkers – (optional): Yes/No (Upload reports)

For Eligibility for Acute MI With Cardiogenic Shock the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

12. Acute MI Requiring IABP Pump: M7T1.4

1. Name of the Procedure: Acute MI Requiring IABP Pump
2. Indications:
Cardiogenic shock/ Mechanical complications like MR, VSD/ Pre-operative to CABG-
severe LV dysfunction with hemodynamic instability/ Post-operative to CABG-
cardiogenic shock/ High risk coronary intervention- Left main/TVD with LV dysfunction/
Intractable ischemic arrhythmia
3. Did the patient present with hypotension, pulmonary edema, ongoing ischemic
symptoms/arrhythmia: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG/ 2 D
Echo/ Angiography: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Severe aortic insufficiency: Yes/No
 - b. Aortic dissection: Yes/No
 - c. Critical limb ischemia: Yes/No
 - d. Aortic aneurysm: Yes/No

For Eligibility for Acute MI Requiring IABP Pump the answer to question 5a, 5b, 5c & 5d
must be No

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13. Refractory Cardiac Failure: M7T1.5

1. Name of the Procedure: Refractory Cardiac Failure
2. Indication:
Heart failure despite maximum medical management
3. Did the patient present with breathlessness, oedema feet, pulmonary edema, hypotension, pre-syncope, syncope, requiring inotropic support & patient not responding despite maximum medical management: Yes/No (Upload medical management records)
4. If the answer to question 3 is Yes then are the following tests being done- ECG, Chest X ray, 2 D Echo, Cardiac biomarkers: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of patient not on optimized medical therapy: Yes/No

For Eligibility for Refractory Cardiac Failure the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

14. Infective Endocarditis: M7T1.6

1. Name of the Procedure: Infective Endocarditis
2. Indication:
2 D echo demonstration of vegetation/ Positive blood culture consistent with organisms causing infective endocarditis
3. Are the following tests being done- 2 D Echo or blood culture: Yes/No (Upload reports)

For Eligibility for Infective Endocarditis the answer to question 3 must be Yes

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NAME OF THE HOSPITAL: _____

15. Pulmonary Embolism: M7T1.7

1. Name of the Procedure: Pulmonary Embolism Thrombolysis

2. Indications:

Hemodynamically unstable patient/ signs of RV dysfunction on 2 D echo/ elevated cardiac biomarkers
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Hemodynamically stable patient/ no signs of RV dysfunction on 2 D echo and normal cardiac biomarkers (Trop – T / CPK-MB)
--

3. Did the patient present with chest pain, breathlessness, syncope: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- ECG, 2 D Echo, CT pulmonary angio: Yes/No (Upload reports)

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

- a. Prior intracranial hemorrhage: Yes/No
- b. Intracranial AV malformation: Yes/No
- c. Malignant intra cranial neoplasm: Yes/No
- d. Ischemic stroke < 3 months: Yes/No
- e. Suspected Aortic dissection: Yes/No
- f. Active bleeding (except menses): Yes/No
- g. Recent surgery of spinal cord or brain: Yes/No
- h. Recent head injury: Yes/No

For Eligibility for Pulmonary Embolism the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g & 5h must be No

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NAME OF THE HOSPITAL: _____

16. Pulmonary Embolism: M7T1.7

1. Name of the Procedure: Pulmonary Embolism – medical management

2. Indications:

Hemodynamically unstable patient/ signs of RV dysfunction on 2 D echo/ elevated cardiac biomarkers
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Hemodynamically stable patient/ no signs of RV dysfunction on 2 D echo and normal cardiac biomarkers (Trop – T / CPK-MB)
--

3. Did the patient present with chest pain, breathlessness: Yes/No

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

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

a. Active bleeding (except menses): Yes/No

b. Severe hepatic insufficiency: Yes/No

For Eligibility for Pulmonary Embolism the answer to question 5a & 5b must be No

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NAME OF THE HOSPITAL: _____

17. Complex Arrhythmias: M7T1.8

1. Name of the Procedure: Complex Arrhythmias
2. Indications:
Atrial tachycardia/ Ischemic or scar ventricular tachycardia/ Atrial flutter/ Atrial fibrillation
3. Did the patient present with palpitation, pre syncope, syncope, dyspnoea, chest pain, nausea, tachycardiomyopathy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- ECG, 2 D Echo with colour doppler, Intracardiac E.P tracing – (optional): Yes/No (Upload reports)

For Eligibility for Complex Arrhythmias the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

18. Simple Arrhythmias: M7T1.9

1. Name of the Procedure: Simple Arrhythmias
2. Indications:
Atrioventricular nodal reentry tachycardia (AVNRT)/AVRT/ Fascicular ventricular tachycardia
3. Did the patient present with palpitation, pre syncope, syncope, nausea, giddiness, dyspnoea, chest pain: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG/ Intracardiac E.P tracing: Yes/No (Upload reports)

For Eligibility for Simple Arrhythmias the answer to question 4 must be Yes

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