

**DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Middle Name</b> <sup>2020</sup> :
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy	<b>SSN</b> <sup>2030</sup> : - -	<input type="checkbox"/> <b>SSN N/A</b> <sup>2031</sup>
<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :	
<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>2065</sup> :	<input type="checkbox"/> <b>Zip Code N/A</b> <sup>2066</sup>
<b>Race:</b> (Select all that apply) <input type="checkbox"/> <b>White</b> <sup>2070</sup> <input type="checkbox"/> <b>Black/African American</b> <sup>2071</sup> <input type="checkbox"/> <b>American Indian/Alaskan Native</b> <sup>2073</sup> <input type="checkbox"/> <b>Asian</b> <sup>2072</sup> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <sup>2074</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**EPISODE OF CARE**

<b>Arrival Date/Time</b> <sup>3001</sup> : mm / dd / yyyy / hh:mm
<b>Facility Classification Type</b> <sup>15605</sup> : <input type="radio"/> Ambulatory Surgical Center (ASC) <input type="radio"/> Office Based Lab (OBL)
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>→ If Yes, Payment Source</b> <sup>3010</sup> : (Select all that apply) <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian health service <input type="checkbox"/> Non-US insurance
<b>→ If any Medicare, Medicare Beneficiary Identifier (MBI)</b> <sup>12846</sup> : _____

**PATHWAY**

<b>CV ASC Pathway</b> <sup>15606</sup> : (Select one) <input type="checkbox"/> Diagnostic coronary angiography (Only) <input type="checkbox"/> PCI with or without coronary angiography <input type="checkbox"/> Implantable cardiac defibrillator <input type="checkbox"/> Permanent pacemaker
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**HISTORY AND RISK FACTORS**

<b>Height</b> <sup>6000</sup> : _____ cm	<b>Weight</b> <sup>6005</sup> : _____ kg	<b>Tobacco Use</b> <sup>4625</sup> : <input type="radio"/> Never <input type="radio"/> Former <input type="radio"/> Current <input type="radio"/> Unknown
<b>CONDITION HISTORY</b> <sup>12903</sup>	<b>OCCURRENCE</b> <sup>15510</sup>	
	<b>No</b>	<b>YES</b>
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>
Chronic lung disease	<input type="radio"/>	<input type="radio"/>
Currently on dialysis	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>
Dyslipidemia	<input type="radio"/>	<input type="radio"/>
Family hx. of premature CAD	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>
Myocardial infarction	<input type="radio"/>	<input type="radio"/>
Peripheral arterial disease	<input type="radio"/>	<input type="radio"/>
<b>PROCEDURE HISTORY</b> <sup>12905</sup>	<b>OCCURRENCE</b> <sup>15511</sup>	
	<b>No</b>	<b>YES</b>
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>
Percutaneous coronary intervention	<input type="radio"/>	<input type="radio"/>

**(KNOWN OR DIAGNOSED PRIOR TO FIRST CATH LAB VISIT)**

<b>CSHA Clinical Frailty Scale</b> <sup>1 4561</sup> : <input type="radio"/> 1: Very fit <input type="radio"/> 2: Well <input type="radio"/> 3: Managing well <input type="radio"/> 4: Vulnerable <input type="radio"/> 5: Mildly frail <input type="radio"/> 6: Moderately frail <input type="radio"/> 7: Severely frail <input type="radio"/> 8: Very severely frail <input type="radio"/> 9: Terminally ill
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<sup>1</sup>Canadian Study Of Health And Aging Clinical Frailty Scale Is Used With Permission For The American College Of Cardiology Foundation By Dr. Kenneth Rockwood (© Kenneth Rockwood,MD)

**PRE-PROCEDURE INFORMATION**

**Heart Failure**<sup>4001</sup>:     No     Yes                    **→ If Yes, NYHA Class**<sup>4011</sup>:     Class I     Class II     Class III     Class IV  
**→ If Yes, Newly Diagnosed**<sup>4012</sup>:  No     Yes  
**→ If Yes, HF Type**<sup>4013</sup>:     HF with reduced EF     HF with preserved EF     HF with mid-range EF                     Unknown<sup>4014</sup>

(DIAGNOSTIC TEST)

**Electrocardiac Assessment Method**<sup>5037</sup>:     ECG     Telemetry monitor     Holter monitor     Other     None  
**→ If any methods, Results**<sup>5032</sup>:                     Normal     Abnormal                     Uninterpretable  
**→ If Abnormal, New Antiarrhythmic Therapy Initiated Prior to Cath Lab**<sup>5033</sup>:  No     Yes  
**→ If Abnormal, Electrocardiac Abnormality Type**<sup>5034</sup>:                    (Select all that apply)  
 Exercise induced VT                     New left bundle branch block                     New onset atrial fibrillation                     New onset atrial flutter  
 Non sustained VT                     PVC – frequent                     PVC – infrequent                     ST deviation >=0.5mm  
 Sustained VT                     Symptomatic bradyarrhythmia                     Ventricular fibrillation (VF)                     Other abnormality

**Stress Test Performed**<sup>5200</sup>:     No     Yes                    **→ If Yes, Specify Test Performed:**

Test Type Performed <sup>5201</sup>	Most Recent Date <sup>5204</sup>	Test Results <sup>5202</sup>	→ If Positive, Risk/Extent of Ischemia <sup>5203</sup>
<input type="radio"/> Exercise stress test (w/o imaging)	mm / dd / yyyy	<input type="radio"/> Negative	<input type="radio"/> Low
<input type="radio"/> Stress echocardiogram		<input type="radio"/> Positive	<input type="radio"/> Intermediate
<input type="radio"/> Stress imaging w/CMR		<input type="radio"/> Indeterminate	<input type="radio"/> High
<input type="radio"/> Stress nuclear		<input type="radio"/> Unavailable	<input type="radio"/> Unavailable

**Cardiac CTA Performed**<sup>5220</sup>:     No     Yes                    **→ If Yes, Most Recent Cardiac CTA Date**<sup>5226</sup>:    mm / dd / yyyy  
**→ If Yes, Results**<sup>5227</sup>:    (Select all that apply)     Obstructive CAD                     Non-obstructive CAD                     Unclear severity  
 Structural disease                     No CAD                     Unknown<sup>5228</sup>

**Agatston Coronary Calcium Score Assessed**<sup>5256</sup>:  No     Yes                    **→ If Yes, Agatston Coronary Calcium Score**<sup>5255</sup>:    \_\_\_\_\_  
**→ If any value, Most Recent Calcium Score Date**<sup>5257</sup>:    mm / dd / yyyy

**Prior Dx Coronary Angiography Procedure**<sup>5263</sup>:     No     Yes                    **→ If Yes, Most Recent Procedure Date**<sup>5264</sup>:    mm / dd / yyyy  
**→ If Yes, Results**<sup>5265</sup>:    (Select all that apply)     Obstructive CAD                     Non-obstructive CAD                     Unclear severity  
 Structural disease                     No CAD                     Unknown<sup>5266</sup>

**PRE-PROCEDURE MEDICATIONS**

MEDICATION <sup>6986</sup>	ADMINISTERED <sup>6991</sup>	MEDICATION <sup>6986</sup>	ADMINISTERED <sup>6991</sup>
Aspirin	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Long acting nitrates (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Beta blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Ranolazine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Calcium channel blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated		

**PRE-PROCEDURE LABS**

**Creatinine**<sup>6050</sup>:    \_\_\_\_\_mg/dL     Not Drawn<sup>6051</sup>                    **Hemoglobin**<sup>6030</sup>:    \_\_\_\_\_g/dL     Not Drawn<sup>6031</sup>  
**Total Cholesterol**<sup>6100</sup>:    \_\_\_\_\_mg/dL     Not Drawn<sup>6101</sup>                    **HDL**<sup>6105</sup>:    \_\_\_\_\_mg/dL     Not Drawn<sup>6106</sup>

**PROCEDURE INFORMATION**

Procedure Room Entry Date/Time<sup>15694</sup>: \_\_\_\_\_ Procedure Start Date/Time<sup>7000</sup>: mm/dd/yyyy / hh:mm

Procedure End Date/Time<sup>7005</sup>: mm/dd/yyyy / hh:mm Procedure Room Exit Date/Time<sup>15695</sup>: mm/dd/yyyy / hh:mm

Procedure Type<sup>15607</sup>: (Select all that apply)  Diagnostic Coronary Angiography  
 → If Dx Cath, Diagnostic Catheterization Operator Name, NPI<sup>7046,7047,7048,7049</sup>: \_\_\_\_\_  
 → If Dx Cath, FIT Operator Name, NPI, Fellowship Training Program<sup>15433,15434,15435,15436,15431</sup>: \_\_\_\_\_, \_\_\_\_\_

Diagnostic Left Heart Cath<sup>7060</sup>:  No  Yes → If Yes, LVEF<sup>7061</sup>: \_\_\_\_\_ %  LVEF Not Assessed<sup>13306</sup>

Concomitant Procedures Performed<sup>7065</sup>:  No  Yes → If Yes, Procedure Type(s)<sup>7066</sup>: (Select all that apply) \_\_\_\_\_, \_\_\_\_\_

Arterial Access Site<sup>7320</sup>:  Femoral  Brachial  Radial  Other

Arterial Cross Over<sup>7325</sup>:  No  Yes

Systolic BP<sup>6016</sup>: \_\_\_\_\_ mmHg

Closure Method(s) <sup>7330,7331</sup>	1	<input type="checkbox"/> Method Not Documented <sup>7332</sup>
	2	

**RADIATION EXPOSURE AND CONTRAST**

CODE ALL AVAILABLE → MEASUREMENTS: Fluoro Time<sup>7214</sup>: \_\_\_\_\_ minutes Contrast Volume<sup>7215</sup>: \_\_\_\_\_ mL

Cumulative Air Kerma<sup>7210</sup>: \_\_\_\_\_ O mGy O Gy

Dose Area Product<sup>14278</sup>: \_\_\_\_\_ O Gy•cm<sup>2</sup> O dGy•cm<sup>2</sup> O cGy•cm<sup>2</sup> O mGy•cm<sup>2</sup> O μGy•M<sup>2</sup>

**CATH LAB VISIT**

Indication(s) for Cath Lab Visit<sup>7400</sup>: (Select all that apply)

Cardiac arrhythmia  Cardiomyopathy  Evaluation for exercise clearance  LV dysfunction  
 New onset angina <= 2 months  Pericardial disease  Post cardiac transplant  Pre-operative evaluation  
 Stable known CAD  Suspected CAD  Syncope  Valvular disease  
 Worsening angina  Other

Chest Pain Symptom Assessment<sup>7405</sup>:  Typical angina  Atypical angina  Non-anginal chest pain  Asymptomatic

→ IF INDICATION(S) FOR CATH LAB VISIT<sup>7400</sup> = 'VALVULAR DISEASE' (COMPLETE FOR EACH TYPE)

VALVULAR DISEASE STENOSIS TYPE <sup>7450</sup>		STENOSIS SEVERITY <sup>7451</sup>			
1	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis <input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
2	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis <input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
VALVULAR DISEASE REGURGITATION TYPE <sup>7455</sup>		REGURGITATION SEVERITY <sup>7456</sup>			
1	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation <input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately severe (3+)	<input type="radio"/> Severe (4+)
2	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation <input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately severe (3+)	<input type="radio"/> Severe (4+)

→ IF INDICATION(S) FOR CATH LAB VISIT<sup>7400</sup> = 'PRE-OPERATIVE EVALUATION'

Evaluation for Surgery Type<sup>7465</sup>:  Cardiac surgery  Non-cardiac surgery

Functional Capacity<sup>7466</sup>:  < 4 METS  >= 4 METS without symptoms  >= 4 METS with symptoms  Unknown<sup>7467</sup>

Surgical Risk<sup>7468</sup>:  Low  Intermediate  High risk: Vascular  High risk: Non-vascular

Solid Organ Transplant Surgery<sup>7469</sup>:  No  Yes  
 → If Yes, Donor<sup>7470</sup>:  No  Yes  
 → If Yes, Organ<sup>7471</sup>: (Select all that apply)  Heart  Kidney  Liver  Lung  Pancreas  Other organ

**CORONARY ANATOMY**

**Dominance**<sup>7500</sup>:  Left  Right  Co-dominant

**Native Vessel with Stenosis >= 50%**<sup>7505</sup>:  No  Yes → If Yes, Specify Segment(s):

SEGMENT NUMBER <sup>7507</sup>	MEASUREMENT (FOR EACH SELECTED)
_____	<b>Native Stenosis</b> <sup>7508</sup> : _____ % <b>Adjunctive Measurements Obtained</b> <sup>7511</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio <sup>7512</sup> : _____ → If Yes, iFR Ratio <sup>7513</sup> : _____ → If Yes, IVUS MLA <sup>7514</sup> : _____mm <sup>2</sup> → If Yes, OCT MLA <sup>7515</sup> : _____mm <sup>2</sup>
_____	<b>Native Stenosis</b> <sup>7508</sup> : _____ <b>Adjunctive Measurements Obtained</b> <sup>7511</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio <sup>7512</sup> : _____ → If Yes, iFR Ratio <sup>7513</sup> : _____ → If Yes, IVUS MLA <sup>7514</sup> : _____mm <sup>2</sup> → If Yes, OCT MLA <sup>7515</sup> : _____mm <sup>2</sup>

→ If Prior CABG, **Graft Vessel Stenosis >=50%**<sup>7525</sup>:  No  Yes → If Yes, Specify Segment(s):

SEGMENT NUMBER <sup>7527</sup>	MEASUREMENT (FOR EACH SELECTED)
_____	<b>Graft Stenosis</b> <sup>7528</sup> : _____ % <b>Graft Vessel</b> <sup>7529</sup> : <input type="radio"/> LIMA <input type="radio"/> RIMA <input type="radio"/> SVG <input type="radio"/> Radial <input type="checkbox"/> Unknown <sup>7530</sup> <b>Adjunctive Measurements Obtained</b> <sup>7531</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio <sup>7532</sup> : _____ → If Yes, iFR Ratio <sup>7533</sup> : _____ → If Yes, IVUS MLA <sup>7534</sup> : _____mm <sup>2</sup> → If Yes, OCT MLA <sup>7535</sup> : _____mm <sup>2</sup>
_____	<b>Graft Stenosis</b> <sup>7528</sup> : _____ % <b>Graft Vessel</b> <sup>7529</sup> : <input type="radio"/> LIMA <input type="radio"/> RIMA <input type="radio"/> SVG <input type="radio"/> Radial <input type="checkbox"/> Unknown <sup>7530</sup> <b>Adjunctive Measurements Obtained</b> <sup>7531</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio <sup>7532</sup> : _____ → If Yes, iFR Ratio <sup>7533</sup> : _____ → If Yes, IVUS MLA <sup>7534</sup> : _____mm <sup>2</sup> → If Yes, OCT MLA <sup>7535</sup> : _____mm <sup>2</sup>

**INTRA OR POST-PROCEDURE EVENTS**

EVENT(S) <sup>9001</sup>	EVENT(S) OCCURRED <sup>9002</sup>	EVENT(S) <sup>9001</sup>	EVENT(S) OCCURRED <sup>9002</sup>
Bleeding – Access site	<input type="radio"/> No <input type="radio"/> Yes	Heart failure	<input type="radio"/> No <input type="radio"/> Yes
Bleeding – Hematoma at access site	<input type="radio"/> No <input type="radio"/> Yes	Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes
Bleeding – Other	<input type="radio"/> No <input type="radio"/> Yes	Other Vascular complications req Tx	<input type="radio"/> No <input type="radio"/> Yes
Bleeding – Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	Stroke	<input type="radio"/> No <input type="radio"/> Yes
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes		

**DISCHARGE**

**Discharge Date/Time**<sup>10101</sup>: mm/dd/yyyy / hh:mm

**Discharge Status**<sup>10105</sup>:  Alive  Deceased

→ If Alive, **Discharge Location**<sup>10110</sup>:  Home  Skilled nursing facility  Extended care/transitional care unit/rehab  
 Other  Acute care hospital  Left against medical advice (AMA)

→ If Acute care hospital, **Emergent Transfer**<sup>15608</sup>:  No  Yes

→ If Acute care hospital, **Suspected Conditions**<sup>15702</sup>: (Select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bleeding – Gastrointestinal     | <input type="checkbox"/> Bleeding – Other             | <input type="checkbox"/> Bleeding – Retroperitoneal |
| <input type="checkbox"/> NSTEMI                          | <input type="checkbox"/> Other vascular complications | <input type="checkbox"/> Stroke                     |
| <input type="checkbox"/> Transient ischemic attack (TIA) | <input type="checkbox"/> Other                        | <input type="checkbox"/> None documented            |

**DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)** *Not required for patients who expired or were discharged to "Acute care hospital" or "Left AMA".*

DISCHARGE MEDICATION <sup>10200</sup>	PRESCRIBED <sup>10205</sup>				→ IF YES, DOSE <sup>10207</sup>			→ IF DOSE LOW OR MED, PATIENT OR MEDICAL REASON <sup>15546</sup>
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON	LOW	MODERATE	HIGH	
ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE-I) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
ANGIOTENSIN RECEPTOR BLOCKER (ARB) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
ASPRIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
BETA BLOCKER (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
STATIN (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes