

**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"/> SSN N/A <sup>2031</sup>	<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female
<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :	<b>Patient Zip Code</b> <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>
<b>Race:</b> (Select all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup> <input type="checkbox"/> Middle Eastern/North African <sup>2075</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**EPISODE OF CARE**

<b>Arrival Date</b> <sup>3000</sup> : mm/dd/yyyy
<b>Reason for Admission</b> <sup>3040</sup> : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart failure <input type="radio"/> Other <b>→ If Admitted for this procedure, Reason</b> <sup>15780</sup> <input type="checkbox"/> Device embolization <input type="checkbox"/> Initial device implant <input type="checkbox"/> Infection (Select all that apply) <input type="checkbox"/> Generator device change <input type="checkbox"/> Lead dislodgement <input type="checkbox"/> Other
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>→ If Yes, Payment Source</b> <sup>3010</sup> : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <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> : _____
<b>Research Study</b> <sup>3020</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>→ If Yes, Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> _____, _____

**PATHWAY (SELECT ALL THAT APPLY)**

**Electrophysiology Device Implant Pathway**<sup>15826</sup>:  Implantable cardioverter-defibrillator  Permanent pacemaker  Leads only

**HISTORY AND RISK FACTORS**

CONDITION HISTORY <sup>12903</sup>	OCCURRENCE <sup>14264</sup>		→ If Yes,
	No	Yes	
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<b>AFib Classification</b> <sup>4400</sup> : <input type="radio"/> Paroxysmal ( <i>terminating spontaneously w/in 7 days</i> ) <input type="radio"/> Persistent (>7 days) <input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent <b>Plans for Cardioversion of AFib</b> <sup>4405</sup> : <input type="radio"/> No <input type="radio"/> Yes
Cardiac arrest	<input type="radio"/>	<input type="radio"/>	<b>Date</b> <sup>4225</sup> : mm / dd / yyyy <b>Bradycardia Arrest</b> <sup>4240</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>Ventricular Fibrillation Arrest</b> <sup>4235</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>Ventricular Tachycardia Arrest</b> <sup>4230</sup> : <input type="radio"/> No <input type="radio"/> Yes
Cardiomyopathy - ischemic	<input type="radio"/>	<input type="radio"/>	<b>Timeframe</b> <sup>4190</sup> : <input type="radio"/> <3 months <input type="radio"/> ≥3 months <b>Guideline Directed Medical Therapy Maximum Dose</b> <sup>4195</sup> : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not documented <input type="radio"/> Not attempted <input type="radio"/> Inability to complete
Cardiomyopathy - non-ischemic	<input type="radio"/>	<input type="radio"/>	<b>Timeframe</b> <sup>4205</sup> : <input type="radio"/> <3 months <input type="radio"/> ≥3 months <b>Guideline Directed Medical Therapy Maximum Dose</b> <sup>4210</sup> : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not documented <input type="radio"/> Not attempted <input type="radio"/> Inability to complete
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>	
Chronic lung disease	<input type="radio"/>	<input type="radio"/>	

**HISTORY AND RISK FACTORS (CONTINUED)**

CONDITION HISTORY <sup>12903</sup>	OCCURRENCE <sup>14264</sup>		→ If Yes,
	No	YES	
Coronary artery disease	<input type="radio"/>	<input type="radio"/>	
Currently on dialysis	<input type="radio"/>	<input type="radio"/>	
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	
Familial hx non-ischemic cardiomyopathy	<input type="radio"/>	<input type="radio"/>	
Familial syndrome-risk of sudden death	<input type="radio"/>	<input type="radio"/>	
Heart failure	<input type="radio"/>	<input type="radio"/>	<b>NYHA Functional Classification<sup>4010</sup>:</b> <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV
Inotropic support	<input type="radio"/>	<input type="radio"/>	
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	<b>MI Date<sup>4295</sup>:</b> mm / dd / yyyy
Paroxysmal SVT history	<input type="radio"/>	<input type="radio"/>	
Valvular heart disease	<input type="radio"/>	<input type="radio"/>	
Structural abnormalities	<input type="radio"/>	<input type="radio"/>	<b>Structural Abnormality Type<sup>4545</sup>:</b> (Select all that apply) <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC) <input type="checkbox"/> Congenital heart disease associated with sudden cardiac arrest <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) with high-risk features <input type="checkbox"/> Infiltrative → If Infiltrative, <b>Select Type<sup>15785</sup>:</b> <u>Select all that apply from list</u> <input type="checkbox"/> LV structural abnormality associated with risk for sudden cardiac arrest
Syncope	<input type="radio"/>	<input type="radio"/>	
Syndromes of sudden death	<input type="radio"/>	<input type="radio"/>	<b>Syndrome Type<sup>4170</sup>:</b> <input type="radio"/> Brugada <input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF <input type="radio"/> Long QT <input type="radio"/> Short QT
Ventricular fibrillation (not due to reversible cause)	<input type="radio"/>	<input type="radio"/>	<b>Ventricular Fibrillation Date<sup>14720</sup>:</b> mm / dd / yyyy
Ventricular tachycardia	<input type="radio"/>	<input type="radio"/>	<b>Ventricular Tachycardia Date<sup>4250</sup>:</b> mm / dd / yyyy <b>Ventricular Tachycardia Type<sup>4275</sup>:</b> <input type="radio"/> Monomorphic <input type="radio"/> Non-sustained <input type="radio"/> Polymorphic <input type="radio"/> Monomorphic/polymorphic <b>Post Cardiac Surgery (W/in 48 Hrs)<sup>4255</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes <b>Bradycardia Dependent<sup>4260</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes <b>Reversible Cause<sup>4265</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes <b>Hemodynamic Instability<sup>4270</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes

**HISTORY & RISK FACTORS (CONTINUED)**

PROCEDURE HISTORY <sup>12905</sup>	OCCURRENCE <sup>14268</sup>		→ If Yes, Procedure Date <sup>14252</sup>	→ If Yes,
	No	YES		
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
Coronary angiography	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	<b>Performed After Most Recent Cardiac Arrest<sup>4305</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes <b>Results of Angiography<sup>4310</sup>:</b> <input type="radio"/> No disease (<50% stenosis of LMCA) <input type="radio"/> Significant disease (≥ 50% stenosis of LMCA) <input type="radio"/> Non-revascularized significant disease <b>→If Significant disease, Revascularization Performed<sup>4315</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes <b>→If Yes, Revascularization Outcome<sup>4320</sup>:</b> <input type="radio"/> Complete revascularization <input type="radio"/> Incomplete revascularization
Prior coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
CV implantable electronic device	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	<b>Prior CIED Device Type<sup>15793</sup>:</b> <u>Select from dynamic list</u>
Prior PCI	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	<b>Pre-existing Cardiomyopathy<sup>4510</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes
Candidate for VAD	<input type="radio"/>	<input type="radio"/>	N/A	
Currently on VAD	<input type="radio"/>	<input type="radio"/>	N/A	
On Heart Transplant Waiting List	<input type="radio"/>	<input type="radio"/>	N/A	
Candidate for transplant	<input type="radio"/>	<input type="radio"/>	N/A	

**DIAGNOSTIC STUDIES (PRE-PROCEDURE)**

**EP Study<sup>5000</sup>:**  No  Yes      **→ If Yes, EP Date<sup>5005</sup>:** mm / dd / yyyy       **Date Unknown<sup>5010</sup>**

**→ If Yes, Clinically Relevant Ventricular Arrhythmias Induced<sup>5015</sup>:**  No  Yes

**ECG Performed<sup>5030</sup>:**  No  Yes      **→ If Yes, ECG Normal<sup>5040</sup>:**  No  Yes

**Ventricular Paced<sup>5105</sup>:**  No  Yes

**Only Ventricular-Paced QRS Complexes Present<sup>5045</sup>:**  No  Yes

**→ If Yes, Ventricular-Paced QRS Duration<sup>5050</sup>:** \_\_\_\_\_ msec

**→ If No, QRS Duration (Non-Ventricular-Paced Complex)<sup>5055</sup>:** \_\_\_\_\_ msec

**Abnormal Intraventricular Conduction<sup>5060</sup>:**  No  Yes

**→ If Yes, Intraventricular Conduction Types<sup>5065</sup>:** (Select all that apply)  
 Alternating RBBB and LBBB       Delay, nonspecific  
 Left bundle branch block (LBBB)       Right bundle branch block (RBBB)

**Atrial Rhythm<sup>5100</sup>** (Select all that apply)  Atrial fibrillation     Atrial flutter     Atrial paced     Atrial tachycardia     Sinus     Sinus arrest

**LVEF Assessed<sup>4150</sup>:**  No  Yes

**→ If Yes, Most Recent LVEF<sup>4155</sup>:** mm/dd/yyyy

**→ If Yes, Most Recent LVEF<sup>4160</sup>:** \_\_\_\_\_ %

**LABS (LAB OR POC)**

**BUN<sup>6025</sup>:** \_\_\_\_\_ mg/dL  **Not Drawn<sup>6026</sup>**      **Hemoglobin<sup>6030</sup>:** \_\_\_\_\_ g/dL  **Not Drawn<sup>6031</sup>**      **Sodium<sup>6035</sup>:** \_\_\_\_\_ mEq/L  **Not Drawn<sup>6036</sup>**

**INR<sup>6045</sup>:** \_\_\_\_\_  **Not Drawn<sup>6046</sup>**      **Creatinine<sup>6050</sup>:** \_\_\_\_\_ mg/dL  **Not Drawn<sup>6051</sup>**

**PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)**

<b>Procedure Room Entry Date/Time</b> <sup>15694</sup> :	mm/dd/yyyy / hh:mm	<b>Procedure Start Date/Time</b> <sup>7000</sup> :	mm/dd/yyyy / hh:mm
<b>Procedure End Date/Time</b> <sup>7005</sup> :	mm/dd/yyyy / hh:mm	<b>Procedure Room Exit Date/Time</b> <sup>15695</sup> :	mm/dd/yyyy / hh:mm
<b>Procedure Type</b> <sup>7010</sup> :	<input type="radio"/> Generator change <input type="radio"/> Generator explant <input type="radio"/> Initial generator implant <input type="radio"/> Lead only		
→ If initial generator implant or generator change, <b>ICD indication</b> <sup>7015</sup> :	<input type="radio"/> Primary prevention <input type="radio"/> Secondary prevention		
→ If any generator change, explant or implant, <b>Operator Name, NPI</b> <sup>7600,7605,7610,7615</sup> :	Last name, First Name, Middle Name/NPI		
→ If any generator change, explant or implant, <b>FIT Operator Name, NPI, Fellowship Training Program</b> <sup>15433,15434,15435,15436,15431</sup> :	_____, _____		
<b>Shared Decision Making</b> <sup>14732</sup> :	<input type="radio"/> No <input type="radio"/> Yes    → If yes, was <b>SDM Tool Used</b> <sup>14733</sup> : <input type="radio"/> No <input type="radio"/> Yes    → If yes, <b>SDM Tool Name</b> <sup>14734</sup> :		
<b>Premarket Clinical Trial</b> <sup>7020</sup> :	<input type="radio"/> No <input type="radio"/> Yes <b>Post-market Surveillance</b> <sup>15786</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**DEVICE IMPLANT / EXPLANT (COMPLETE FOR ANY INITIAL GENERATOR IMPLANT, GENERATOR CHANGE, OR GENERATOR EXPLANT)**

COMPLETE FOR ANY INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE

<b>Device Implanted</b> <sup>7620</sup> :	<input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, <b>Final Device Type</b> <sup>15794</sup> :	<input type="checkbox"/> CRT-D <input type="checkbox"/> Extravascular ICD <input type="checkbox"/> ICD dual chamber <input type="checkbox"/> ICD single chamber <input type="checkbox"/> S-ICD (Sub Q)			
(Select all that apply)	<input type="checkbox"/> Single chamber transvenous PPM <input type="checkbox"/> Dual chamber transvenous PPM <input type="checkbox"/> CRT-P <input type="checkbox"/> Leadless single chamber PPM <input type="checkbox"/> Leadless dual chamber PPM <input type="checkbox"/> His bundle PPM <input type="checkbox"/> Left bundle PPM <input type="checkbox"/> Leadless LVEP <input type="checkbox"/> CCM			
→ If Yes, <b>CS/LV Lead</b> <sup>7630</sup> :	<input type="radio"/> Implant unsuccessful <input type="radio"/> Previously implanted <input type="radio"/> Successfully implanted <input type="radio"/> Not attempted			
→ If Yes, <b>His Bundle Lead</b> <sup>15827</sup> :	<input type="radio"/> Implant unsuccessful <input type="radio"/> Previously implanted <input type="radio"/> Successfully implanted <input type="radio"/> Not attempted			
→ If Yes, <b>Left Bundle Lead</b> <sup>15828</sup> :	<input type="radio"/> Implant unsuccessful <input type="radio"/> Previously implanted <input type="radio"/> Successfully implanted <input type="radio"/> Not attempted			
→ If Yes, <b>Co-implant Device</b> <sup>15781</sup> :	<input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, <b>Device ID</b> <sup>7635</sup> :	_____, _____	→ If Yes, <b>Serial Number</b> <sup>7640</sup> : (Future Use)	_____	→ If Yes, <b>UDI</b> <sup>7645</sup> : (Future Use)
<b>Bradycardia Indication Present</b> <sup>14730</sup> :	<input type="radio"/> No <input type="radio"/> Yes			
→ If any pacemaker, CRT-D, or ICD dual chamber, <b>Reason Pacing Indicated</b> <sup>14731</sup> :	(Select all that apply)			
<input type="checkbox"/> 2:1 AV block <input type="checkbox"/> 2 <sup>nd</sup> degree AV block, Mobitz Type II <input type="checkbox"/> AV node ablation <input type="checkbox"/> Anticipated requirement of >40% RV pacing <input type="checkbox"/> Chronotropic incompetence <input type="checkbox"/> Complete heart block (intrinsic) <input type="checkbox"/> HF unresponsive to GDMT <input type="checkbox"/> Sick sinus syndrome <input type="checkbox"/> Other				

**GENERATOR REMOVAL (COMPLETE FOR ANY GENERATOR CHANGE OR GENERATOR EXPLANT)**

<b>Reason(s) for Generator Replacement</b> <sup>7650</sup> :	(Select all that apply)			
<input type="checkbox"/> Device relocation <input type="checkbox"/> End of expected battery life <input type="checkbox"/> Faulty connector/header <input type="checkbox"/> Infection <input type="checkbox"/> Malfunction <input type="checkbox"/> Replaced at time of lead revision <input type="checkbox"/> Under manufacturer advisory/recall <input type="checkbox"/> Upgrade <input type="checkbox"/> Other				
<b>Device Explanted</b> <sup>7660</sup> :	<input type="radio"/> Explanted (Current procedure) <input type="radio"/> Not explanted <input type="radio"/> Previously explanted			
→ If Explanted, <b>Device ID</b> <sup>7675</sup> :	_____, _____	→ If Explanted, <b>Serial Number</b> <sup>7680</sup> : (Future Use)	_____	→ If Explanted, <b>UDI</b> <sup>7685</sup> : (Future Use)
<b>Explant Treatment Recommendation</b> <sup>7670</sup> :	<input type="radio"/> Downgrade <input type="radio"/> No Re-implant <input type="radio"/> Upgrade			



**POST-PROCEDURE EVENTS**

**Set Screw Problem** <sup>9255</sup>:  No  Yes

**Lead Dislodgement** <sup>9260</sup>:  No  Yes → **If Yes, Lead Location** <sup>9265</sup>:

<input type="radio"/> Azygos vein	<input type="radio"/> His bundle	<input type="radio"/> Left bundle	<input type="radio"/> LV endocardial	<input type="radio"/> LV epicardial (CVS)
<input type="radio"/> LV epicardial (surgical)	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial	<input type="radio"/> RV endocardial	<input type="radio"/> RV epicardial
<input type="radio"/> Subcutaneous array	<input type="radio"/> Subcutaneous (S-ICD)	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian	<input type="radio"/> Other

**CONDUCTION SYSTEM PACING (COMPLETE FOR PATIENTS WITH A LEFT BUNDLE LEAD<sup>15828</sup>)**

**Final Paced QRS Duration** <sup>15790</sup> \_\_\_\_\_ msec  **Not Assessed** <sup>15829</sup>

**Unipolar Paced QRS Morphology** (Lead V1) <sup>15787</sup>  No  Yes – qR  Yes – QR  Yes - Other  Not documented

→ **If Yes, R Wave Peak Time Duration** <sup>15791</sup>: (in Leads V5-V6) \_\_\_\_\_ msec  **Not Assessed** <sup>15830</sup>

**DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)**

**CABG** <sup>10005</sup> (During this admission):  No  Yes → **If Yes, CABG Date** <sup>10010</sup>: mm/dd/yyyy

**PCI** <sup>10015</sup> (During this admission):  No  Yes → **If Yes, PCI Date** <sup>10020</sup>: mm/dd/yyyy

**Discharge Date** <sup>10100</sup>: mm/dd/yyyy

**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  Other acute care hospital  Left against medical advice (AMA)

→ **If Deceased, Death During Procedure** <sup>10120</sup>:  No  Yes

→ **If Deceased, Cause of Death** <sup>10125</sup>:  Cardiac  Non-Cardiac  Undetermined

**DISCHARGE MEDICATIONS**

Medications prescribed at discharge are not required for patients who expired or are discharged to "Other acute care hospital," or "AMA"

MEDICATION <sup>10200</sup>	PRESCRIBED <sup>10205</sup>			
	YES	No – NO REASON	No – MEDICAL REASON	No – PATIENT REASON
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Converting Enzyme Inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Receptor-Nepriylsin Inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II Receptor Blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renin Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelet Agent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<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"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydralazine and Isosorbide Dinitrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SGLT Inhibitor (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>