

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 >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 >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 >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 >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 >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 >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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