



**A. PARTICIPANT ADMINISTRATION:**

Participant ID<sup>1000</sup>/Name<sup>1010</sup>: \_\_\_\_\_ Medicare Provider #<sup>1015</sup>: \_\_\_\_\_ Participant NPI<sup>1016</sup>: \_\_\_\_\_

**B. DEMOGRAPHICS:**

Last Name<sup>2000</sup>: \_\_\_\_\_ First Name<sup>2010</sup>: \_\_\_\_\_ Middle Name<sup>2020</sup>: \_\_\_\_\_

SSN<sup>2030</sup>: \_\_\_\_\_ Unique Patient Id<sup>2040</sup>: \_\_\_\_\_ (automatic) Other ID<sup>2045</sup>: \_\_\_\_\_

Date of Birth<sup>2050</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender<sup>2060</sup>: Male; Female

Race<sup>2070</sup>: White; Black/African American; Asian; American Indian/Alaska Native; Native Hawaiian; Other

Hispanic Ethnicity<sup>2075</sup>: No; Yes

Auxiliary 1<sup>2080</sup>: \_\_\_\_\_ Auxiliary 2<sup>2090</sup>: \_\_\_\_\_

**C. ADMISSION:**

Admission Date<sup>3000</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Implant<sup>3010</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Payor-Primary<sup>3020</sup>: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay  
→ if Government, Type-Primary<sup>3025</sup>: Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance

Insurance Payor-Secondary<sup>3027</sup>: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay  
→ if Government, Type-Secondary<sup>3029</sup>: Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance

Reason for Admission<sup>3030</sup>: Admitted for this Procedure; Cardiac-CHF; Cardiac-Other; Non-Cardiac

Auxiliary 3<sup>3040</sup>: \_\_\_\_\_ Auxiliary 4<sup>3050</sup>: \_\_\_\_\_

**D. HISTORY AND RISK FACTORS:**

Syncope<sup>3060</sup>: No; Yes Family Hx Sudden Death<sup>3070</sup>: No; Yes

CHF<sup>3080</sup>: No; Yes  
→ if Yes, CHF Duration<sup>3090</sup>: Within the past 3 months; 3 to 9 months; Greater than 9 months  
→ if Yes, Prior CHF Hospitalization<sup>3095</sup>: Not Hospitalized; Yes-Within 6 months; Yes-Greater than 6 months

NYHA Functional Class (Current Status)<sup>3100</sup>: Class I; Class II; Class III; Class IV

Cardiac Arrest<sup>3110</sup>: No Arrest; Brady Arrest; Tachy Arrest  
→ if Brady Arrest, Brady Arrest Reason<sup>3111</sup>: (Check all that apply)  
 Acute MI  Severe Electrolyte Disturbance  Drug Induced Arrhythmia  Sinus Node Dysfunction/AV Block  
 Unknown Etiology

→ if Tachy Arrest, Tachy Arrest Reason<sup>3112</sup>: (Check all that apply)  
 Acute MI  Severe Electrolyte Disturbance  Drug Induced Arrhythmia  Primary VT/VF  
 Unknown Etiology

Atrial Fibrillation or Flutter<sup>3120</sup>: No; Yes  
Ventricular Tachycardia<sup>3130</sup>: No, Yes-VT, Non-Sustained; Yes-Monomorphic Sustained VT; Yes-Polymorphic Sustained VT

Sinus Node Function<sup>3140</sup>: Normal; Abnormal

Cardiac Transplant<sup>3150</sup>: No; Yes

Non-Ischemic Dilated Cardiomyopathy<sup>3160</sup>: No; Yes-Within the past 3 months; Yes-3 to 9 months; Yes-Greater than 9 months

Ischemic Heart Disease<sup>3180</sup>: No; Yes-At Least One Epicardial Artery > 70%; Yes-Other Diagnostic Tests

Previous MI<sup>3190</sup>: No; Yes-Within 40 days; Yes-Greater than 40 days; Yes-Both Within 40 days/Greater than 40 days

Previous CABG<sup>3200</sup>: No; Yes → if Yes, Date<sup>3210</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous PCI<sup>3220</sup>: No; Yes-Within the past 3 months; Yes-Greater than 3 months

Previous Valvular Surgery<sup>3230</sup>: No; Yes

Permanent Pacemaker<sup>3240</sup>: No; Yes-Atrial Chamber; Yes-Ventricular Chamber; Yes-Dual Chamber; Yes-Biventricular

Previous ICD<sup>3250</sup>: No; Yes-Single Chamber; Yes-Dual Chamber; Yes-Biventricular

→ if Yes, Date<sup>3260</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_  
→ if Yes, Previous ICD Reason<sup>3280</sup>: (Check all that apply)  Primary Prevention  Syncope with Inducible VT  
 Spontaneous Monomorphic Sustained VT  Spontaneous Polymorphic Sustained VT  Ventricular Fibrillation  
 Cardiac Arrest/Arrhythmia-Etiology Unknown  Syncope and High Risk Characteristics  AFib

→ if Yes, Previous ICD Implant Site<sup>3290</sup>: Pectoral; Abdominal

Cerebrovascular Disease<sup>3310</sup>: No; Yes Chronic Lung Disease<sup>3320</sup>: No; Yes

Diabetes<sup>3330</sup>: No; Yes Hypertension<sup>3340</sup>: No; Yes

Renal Failure Dialysis<sup>3350</sup>: No; Yes

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**E. DIAGNOSTIC STUDIES:**

**Ejection Fraction Assessed**<sup>3360</sup>: No; Yes → if Yes, **EF%**<sup>3370</sup>: \_\_\_\_\_ %  
 → if Yes, **EF Timeframe**<sup>3380</sup>: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months

**Electrophysiology Study Done**<sup>3390</sup>: No; Yes  
 → if Yes, **EPS Timeframe**<sup>3400</sup>: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months  
 → if Yes, **EPS Findings**<sup>3410</sup>: (Check all that apply. "No Arrhythmias Induced" is mutually exclusive.)  
 No Arrhythmias Induced     VT Induced     Non-sustained VT     Sustained Monomorphic  
 Sustained Polymorphic     Ventricular Flutter Induced     Ventricular Fibrillation Induced     Results Unattainable

**QRS Duration**<sup>3420</sup>: \_\_\_\_\_(msec)    **PR Interval Attainable**<sup>3429</sup> No; Yes → if Yes, **PR Interval**<sup>3430</sup>: \_\_\_\_\_(msec)

**AV Conduction**<sup>3440</sup>: Normal; Abnormal-1<sup>st</sup> Degree Heart Block Only; Abnormal-Heart Block 2<sup>nd</sup> or 3<sup>rd</sup> Degree(not paced); Paced (any)

**Intraventricular Conduction**<sup>3450</sup>:  
 Normal; Abnormal-Left Anterior Fascicular Block; Abnormal-Left Posterior Fascicular Block;  
 Abnormal-LBBB; Abnormal-RBBB; Abnormal-Intraventricular Conduction Delay, Nonspecific;  
 Paced; Abnormal-Bifascicular Block (RBBB Plus LAF); Abnormal-Bifascicular Block (RBBB Plus LPF)

**Creatinine**<sup>3460</sup>: \_\_\_\_\_ **BUN**<sup>3470</sup>: \_\_\_\_\_ **Sodium**<sup>3480</sup>: \_\_\_\_\_ **BNP Drawn**<sup>3485</sup>: No; Yes → if Yes, **BNP**<sup>3490</sup>: \_\_\_\_\_ **Systolic BP**<sup>3500</sup>: \_\_\_\_\_

**F. ICD PROCEDURE:**

**ICD Indication**<sup>3505</sup>: Primary Prevention; Secondary Prevention

**Reason(s) for Re-implantation**<sup>3506</sup>: (if Previous ICD<sup>3250</sup> is Yes) (Check all that apply)  
 End of Battery Life     Device Upgrade     Device Infection     Device Malfunction     Device Under Manufacturer Advisory/Recalled

**Multiple ICDs implanted during this admission**<sup>3507</sup>: No; Yes  
 → If Yes, **Reason(s) for device replacement during this admission**<sup>3508</sup>: (Check all that apply)  
 Device Upgrade     Device Infection     Device Malfunction     Device Under Manufacturer Advisory/Recalled

**Implant Operator's UPIN**<sup>3510</sup>: \_\_\_\_\_ **Implant Operator's NPI**<sup>3515</sup>: \_\_\_\_\_

**Implant Operator's Last Name**<sup>3530</sup>: \_\_\_\_\_ **First Name**<sup>3520</sup>: \_\_\_\_\_ **Middle Name**<sup>3525</sup>: \_\_\_\_\_

**ICD Type**<sup>3540</sup>: Single Chamber; Dual Chamber; Biventricular  
 → If Biventricular, **LV Lead Implant Method**<sup>3550</sup>: Coronary Sinus; Epicardial Lead; Other

	Manufacturer, Model Name, Model Number -or- ICD Device ID <sup>3565/3570</sup>	ICD Serial Number <sup>3566/3571</sup>
<b>Implant:</b>		
if Previous ICD <sup>3250</sup> is Yes then complete <b>Explant</b> below		
<b>Explant:</b>		

**G. ADVERSE EVENTS:** (During or after the implant procedure until discharge.)

**Adverse Events Exist**<sup>3580</sup>: No; Yes → if Yes, then complete **Adverse Events** below.

Adverse Event <sup>3581</sup>		Date <sup>3583</sup>	Adverse Event <sup>3581</sup>		Date <sup>3583</sup>
<b>Cardiac Arrest</b> <sup>ae001</sup> :	<input type="checkbox"/>	___/___/___	<b>Phlebitis - Deep</b> <sup>ae014</sup> :	<input type="checkbox"/>	___/___/___
<b>Drug Reaction</b> <sup>ae002</sup> :	<input type="checkbox"/>	___/___/___	<b>TIA</b> <sup>ae015</sup> :	<input type="checkbox"/>	___/___/___
<b>Cardiac Perforation</b> <sup>ae003</sup> :	<input type="checkbox"/>	___/___/___	<b>CVA/Stroke</b> <sup>ae016</sup> :	<input type="checkbox"/>	___/___/___
<b>Cardiac Valve Injury</b> <sup>ae004</sup> :	<input type="checkbox"/>	___/___/___	<b>MI</b> <sup>ae0017</sup> :	<input type="checkbox"/>	___/___/___
<b>Conduction Block</b> <sup>ae005</sup> :	<input type="checkbox"/>	___/___/___	<b>Pericardial Tamponade</b> <sup>ae018</sup> :	<input type="checkbox"/>	___/___/___
<b>Coronary Venous Dissect</b> <sup>ae006</sup> :	<input type="checkbox"/>	___/___/___	<b>AV Fistula</b> <sup>ae019</sup> :	<input type="checkbox"/>	___/___/___
<b>Hematoma</b> <sup>ae007</sup> :	<input type="checkbox"/>	___/___/___	<b>Infection Related to Device</b> <sup>ae020</sup> :	<input type="checkbox"/>	___/___/___
<b>Lead Dislodgement</b> <sup>ae008</sup> :	<input type="checkbox"/>	___/___/___		<input type="checkbox"/>	___/___/___
<b>Hemothorax</b> <sup>ae009</sup> :	<input type="checkbox"/>	___/___/___		<input type="checkbox"/>	___/___/___
<b>Pneumothorax</b> <sup>ae010</sup> :	<input type="checkbox"/>	___/___/___			
<b>Peripheral Nerve Injury</b> <sup>ae011</sup> :	<input type="checkbox"/>	___/___/___			
<b>Peripheral Embolus</b> <sup>ae012</sup> :	<input type="checkbox"/>	___/___/___			
<b>Phlebitis - Superficial</b> <sup>ae013</sup> :	<input type="checkbox"/>	___/___/___			

**H. DISCHARGE:** (Complete this section at discharge)CABG During this Admission<sup>3590</sup>: No; Yes → if Yes, Date<sup>3600</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_PCI During this Admission<sup>3610</sup>: No; Yes → if Yes, Date<sup>3620</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_Vital Status<sup>3630</sup>: Alive; Deceased-Cardiac Death; Deceased-Non-Cardiac Death→ if Deceased, Date<sup>3640</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_ → if Deceased, Death in Lab<sup>3645</sup>: No; YesDischarge Date<sup>3650</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_**I. DISCHARGE MEDICATIONS:** (Medications prescribed at discharge.)if Vital Status<sup>3630</sup> is **Alive** then complete **Discharge Medications** below.

Category	Medication Name <sup>3660</sup>	Prescribed <sup>3665</sup>				Category	Medication Name <sup>3660</sup>	Prescribed <sup>3665</sup>				
		No	Yes	Con	Blind			No	Yes	Con	Blind	
Ace Inhibitor	ACE-Inhibitor (any) <sup>m001</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calcium Channel Blocker	Diltiazem <sup>m016</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Verapamil <sup>m017</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antiarrhythmic Agent	Amiodarone <sup>m002</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coumadin	Other CCB <sup>m018</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Disopyramide <sup>m003</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Coumadin	Coumadin <sup>m019</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dofetilide <sup>m004</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Digoxin	Digoxin <sup>m020</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flecainide <sup>m005</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diuretic	Diuretic (any) <sup>m021</sup>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mexiletine <sup>m006</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Nitrate	Nitroglycerin SL, PRN <sup>m022</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Procainamide <sup>m007</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrate		Nitroglycerin Long Acting <sup>m023</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Propafenone <sup>m008</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Platelet Aggregation Inhibitor	Clopidogrel <sup>m024</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quinidine <sup>m009</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Platelet Aggregation Inhibitor		Ticlopidine <sup>m025</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sotalol <sup>m010</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Statin	Statin (any) <sup>m026</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Anti. Arrhy. <sup>m011</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Antihypertensive	Hydralazine <sup>m012</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ARB	ARB (any) <sup>m013</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ASA	ASA <sup>m014</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Beta Blocker	Beta-Blocker (any) <sup>m015</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							