

Appropriate Use Criteria for ICD/CRT Online Appendix: Ratings Spreadsheet

ICD/CRT Rating Sheet

Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	1a	• Single episode VF or polymorphic VT during acute (<48 hours) MI • LVEF ≥50%	1	2	3	3	3	1	1	2	2	3	1	2	2	2	1	1	2	2	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	1b	• Single episode VF or polymorphic VT during acute (<48 hours) MI • LVEF 36-49%	3	2	5	4	4	3	2	3	3	3	1	2	3	3	1	1	3	3	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	1c	• Single episode VF or polymorphic VT during acute (<48 hours) MI • LVEF ≤35%	4	2	5	5	4	5	2	3	5	5	1	3	3	5	1	3	4	4	M		
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	2a	• Recurrent VF or polymorphic VT during acute (<48 hours) MI • LVEF ≥50%	1	4	3	4	4	2	2	2	3	3	1	2	3	3	3	3	2	3	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	2b	• Recurrent VF or polymorphic VT during acute (<48 hours) MI • LVEF 36-49%	3	4	5	5	5	3	2	2	3	3	1	4	3	3	3	3	3	3	R		
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	2c	• Recurrent VF or polymorphic VT during acute (<48 hours) MI • LVEF ≤35%	4	6	5	6	6	6	5	6	6	5	6	5	6	5	3	3	5	5	M	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	3a	• VF or polymorphic VT during acute (<48 hours) MI • NSVT 4 days post-MI • Inducible VT/VF at EPS ≥4 days after revascularization • LVEF ≥50%	6	3	7	5	7	4	4	7	6	3	6	2	5	5	7	6	5	5	M		

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Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	3b	<ul style="list-style-type: none"> • VF or polymorphicVT during acute (<48 hours) MI • NSVT 4 days post-MI • Inducible VT/VF at EPS ≥4 days after revascularization • LVEF 36-49% 	6	6	8	7	8	5	5	7	7	3	8	4	7	5	7	7	6	7	A		
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Total Revascularization Completed After Cardiac Arrest	3c	<ul style="list-style-type: none"> • VF or polymorphicVT during acute (<48 hours) MI • NSVT 4 days post-MI • Inducible VT/VF at EPS ≥4 days after revascularization • LVEF ≤35% 	7	9	8	8	8	7	7	8	8	5	9	6	8	5	8	7	6	8	A	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	4a	<ul style="list-style-type: none"> • Single episode VF or polymorphicVT during acute (<48 hours) MI • LVEF ≥50% 	1	3	3	3	4	3	1	2	2	1	1	2	2	1	1	3	2	2	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	4b	<ul style="list-style-type: none"> • Single episode VF or polymorphicVT during acute (<48 hours) MI • LVEF 36-49% 	3	3	5	4	4	3	1	3	3	1	3	2	3	3	1	3	2	3	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	4c	<ul style="list-style-type: none"> • Single episode VF or polymorphicVT during acute (<48 hours) MI • LVEF ≤35% 	4	3	5	6	6	5	3	4	4	3	5	5	4	3	1	3	6	4	M		
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	5a	<ul style="list-style-type: none"> • Recurrent VF or polymorphicVT during acute (<48 hours) MI • LVEF ≥50% 	1	3	3	4	4	3	2	4	2	1	1	2	2	1	2	6	2	2	R	+	
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	5b	<ul style="list-style-type: none"> • Recurrent VF or polymorphicVT during acute (<48 hours) MI • LVEF 36-49% 	3	3	5	5	5	3	2	4	3	1	4	4	3	3	2	6	3	3	R		
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	No Revascularization Indicated (i.e., No Significant CAD)	5c	<ul style="list-style-type: none"> • Recurrent VF or polymorphicVT during acute (<48 hours) MI • LVEF ≤35% 	4	7	5	6	7	5	4	6	6	3	5	5	6	3	2	7	6	5	M		

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Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Obstructive CAD With Coronary Anatomy Not Amenable to Revascularization	6a	<ul style="list-style-type: none"> • VF or polymorphicVT during acute (<48 hours) MI • No EPS done • LVEF ≥50% 	4	3	3	6	6	7	2	8	3	5	3	2	9	7	5	6	2	5	M			
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Obstructive CAD With Coronary Anatomy Not Amenable to Revascularization	6b	<ul style="list-style-type: none"> • VF or polymorphicVT during acute (<48 hours) MI • No EPS done • LVEF 36-49% 	6	5	5	7	6	7	4	8	5	5	5	3	9	7	5	6	2	5	M			
Table 1.1 CAD: VF or Hemodynamically Unstable VT Associated With Acute (<48 hours) MI (Newly Diagnosed, No Prior Assessment of EF)	Obstructive CAD With Coronary Anatomy Not Amenable to Revascularization	6c	<ul style="list-style-type: none"> • VF or polymorphicVT during acute (<48 hours) MI • No EPS done • LVEF ≤35% 	9	7	5	8	7	7	8	8	7	7	7	5	9	7	5	7	5	7	A	+		
Table 1.2 CAD: VF or Hemodynamically Unstable VT <48 Hours (Acute) Post-Elective Revascularization		7a	<ul style="list-style-type: none"> • No evidence for acute coronary occlusion, restenosis, preceding infarct, or other clearly reversible cause • LVEF ≥50% 	6	3	7	5	7	6	5	5	5	6	7	3	1	8	5	6	6	6	6	M		
Table 1.2 CAD: VF or Hemodynamically Unstable VT <48 Hours (Acute) Post-Elective Revascularization		7b	<ul style="list-style-type: none"> • No evidence for acute coronary occlusion, restenosis, preceding infarct, or other clearly reversible cause • LVEF 36-49% 	6	5	8	6	7	6	5	5	6	6	8	5	1	8	6	6	6	6	6	M		
Table 1.2 CAD: VF or Hemodynamically Unstable VT <48 Hours (Acute) Post-Elective Revascularization		7c	<ul style="list-style-type: none"> • No evidence for acute coronary occlusion, restenosis, preceding infarct, or other clearly reversible cause • LVEF ≤35% 	7	7	9	7	8	7	6	6	9	7	9	7	2	8	6	8	7	7	7	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		8a	<ul style="list-style-type: none"> • No identifiable transient and completely reversible causes • No need for revascularization identified by cath performed following VF/VT • LVEF ≥50% 	9	9	7	8	9	9	9	9	9	9	9	7	9	9	7	7	7	9	A	+		
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		8b	<ul style="list-style-type: none"> • No identifiable transient and completely reversible causes • No need for revascularization identified by cath performed following VF/VT • LVEF 36-49% 	9	9	8	9	9	9	9	9	9	9	9	8	9	9	7	9	8	9	9	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		8c	<ul style="list-style-type: none"> • No identifiable transient and completely reversible causes • No need for revascularization identified by cath performed following VF/VT • LVEF ≤35% 	9	9	9	9	9	9	9	9	9	9	9	9	9	9	7	9	9	9	9	A	+	

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Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		9a	<ul style="list-style-type: none"> No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) LVEF ≥50% 	9	9	7	8	9	7	9	9	8	9	9	7	9	9	8	9	8	9	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		9b	<ul style="list-style-type: none"> No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) LVEF 36-49% 	9	9	8	9	9	7	9	9	8	9	9	7	9	9	8	9	8	9	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		9c	<ul style="list-style-type: none"> No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) LVEF ≤35% 	9	9	9	9	9	7	9	9	8	9	9	7	9	9	8	9	9	9	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		10a	<ul style="list-style-type: none"> Significant CAD identified at cath performed following VF/VT Complete revascularization performed after cardiac arrest LVEF ≥50% 	5	5	4	5	7	5	6	7	5	9	7	6	2	7	5	5	5	5	M		
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		10b	<ul style="list-style-type: none"> Significant CAD identified at cath performed following VF/VT Complete revascularization performed after cardiac arrest LVEF 36-49% 	7	9	5	7	8	6	7	7	6	9	8	6	2	7	5	5	6	7	A		
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		10c	<ul style="list-style-type: none"> Significant CAD identified at cath performed following VF/VT Complete revascularization performed after cardiac arrest LVEF ≤35% 	7	9	6	9	9	7	8	7	7	9	9	6	6	7	5	7	7	7	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		11a	<ul style="list-style-type: none"> Significant CAD identified at cath performed following VF/VT Incomplete revascularization performed after cardiac arrest LVEF ≥50% 	9	9	3	7	9	7	7	8	6	9	8	7	6	7	8	7	6	7	A	+	
Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		11b	<ul style="list-style-type: none"> Significant CAD identified at cath performed following VF/VT Incomplete revascularization performed after cardiac arrest LVEF 36-49% 	9	9	4	8	9	7	8	8	7	9	9	8	6	7	8	7	7	8	A	+	

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Table 1.3 CAD: VF or Hemodynamically Unstable VT [No Recent MI (≤40 days) Prior to VF/VT and/or No Recent Revasc (≤3 Mo.) Prior to VF/VT]		11c	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Incomplete revascularization performed after cardiac arrest • LVEF ≤35% 	9	9	5	9	9	8	9	8	8	9	9	9	9	7	8	8	8	9	A	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		12a	<ul style="list-style-type: none"> • No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) • LVEF ≥50% 	9	9	7	9	9	7	8	9	9	9	9	7	9	9	9	9	6	9	A	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		12b	<ul style="list-style-type: none"> • No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) • LVEF 36-49% 	9	9	8	9	9	7	9	9	9	9	9	7	9	9	9	9	7	9	A	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		12c	<ul style="list-style-type: none"> • No revascularization performed (significant CAD present at cath performed following VF/VT, but coronary anatomy not amenable to revascularization) • LVEF ≤35% 	9	9	9	9	9	8	9	9	9	9	9	8	9	9	9	9	8	9	A	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		13a	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Complete revascularization performed after cardiac arrest • LVEF ≥50% 	5	2	4	5	5	5	4	4	4	5	6	5	3	3	5	5	3	5	M	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		13b	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Complete revascularization performed after cardiac arrest • LVEF 36-49% 	6	7	5	6	7	6	5	6	6	6	6	6	6	4	7	5	5	6	M	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		13c	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Complete revascularization performed after cardiac arrest • LVEF ≤35% 	7	9	6	7	8	7	6	7	7	6	6	6	7	7	7	7	7	7	A		
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		14a	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Incomplete revascularization performed after cardiac arrest • LVEF ≥50% 	9	9	5	7	7	7	6	7	7	7	9	8	9	7	9	7	5	7	A	+	
Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		14b	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Incomplete revascularization performed after cardiac arrest • LVEF 36-49% 	9	9	6	8	8	7	7	7	7	7	9	8	9	7	9	7	6	7	A	+	

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Table 1.4 CAD: VF or Hemodynamically Unstable VT During Exercise Testing Associated With Significant CAD		14c	<ul style="list-style-type: none"> • Significant CAD identified at cath performed following VF/VT • Incomplete revascularization performed after cardiac arrest • LVEF ≤35% 	9	9	7	9	9	8	8	8	8	8	9	9	9	8	9	8	7	8	A	+		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		15a	<ul style="list-style-type: none"> • Dilated nonischemic cardiomyopathy • LVEF ≥50% 	7	9	7	8	9	9	9	9	8	9	9	7	9	9	7	8	8	9	A	+		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		15b	<ul style="list-style-type: none"> • Dilated nonischemic cardiomyopathy • LVEF 36-49% 	9	9	8	9	9	9	9	9	9	9	9	8	9	9	8	9	9	9	9	A	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		15c	<ul style="list-style-type: none"> • Dilated nonischemic cardiomyopathy • LVEF ≤35% 	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	A	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		16a	<ul style="list-style-type: none"> • VT/VF associated with cocaine abuse • LVEF ≥50% 	5	2	1	2	4	2	1	5	3	3	2	2	5	3	3	2	4	3	3	R		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		16b	<ul style="list-style-type: none"> • VT/VF associated with cocaine abuse • LVEF 36-49% 	5	2	2	4	5	5	2	5	3	3	3	5	6	3	4	2	5	4	4	M		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT		16c	<ul style="list-style-type: none"> • VT/VF associated with cocaine abuse • LVEF ≤35% 	7	6	3	6	6	5	2	6	3	5	4	5	5	5	6	6	6	6	5	M	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	Severe Valvular Disease: VT/VF <48 hrs after surgical repair or replacement of aortic or mitral valve	17a	<ul style="list-style-type: none"> • No evidence for post-operative valvular dysfunction • LVEF ≥50% 	4	4	9	4	7	7	2	5	5	7	5	4	5	5	5	5	4	5	5	M		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	Severe Valvular Disease: VT/VF <48 hrs after surgical repair or replacement of aortic or mitral valve	17b	<ul style="list-style-type: none"> • No evidence for post-operative valvular dysfunction • LVEF 36-49% 	4	6	9	6	7	7	4	5	6	7	6	4	6	5	7	5	5	6	6	M		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	Severe Valvular Disease: VT/VF <48 hrs after surgical repair or replacement of aortic or mitral valve	17c	<ul style="list-style-type: none"> • No evidence for post-operative valvular dysfunction • LVEF ≤35% 	6	6	9	8	8	8	5	6	6	7	7	4	5	7	7	5	6	6	6	M		
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	VF/Hemodynamically Unstable VT Associated With Other Structural Heart Disease	18	<ul style="list-style-type: none"> • Myocardial sarcoidosis 	9	9	7	9	9	9	9	8	8	9	9	8	9	9	7	8	8	9	9	A	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	VF/Hemodynamically Unstable VT Associated With Other Structural Heart Disease	19	<ul style="list-style-type: none"> • Myocarditis; not giant cell myocarditis 	6	4	7	7	7	4	5	6	5	5	5	8	5	5	5	5	6	5	5	M	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	VF/Hemodynamically Unstable VT Associated With Other Structural Heart Disease	20	<ul style="list-style-type: none"> • Giant cell myocarditis 	7	8	9	8	8	7	9	9	9	8	9	8	9	9	8	8	7	8	8	A	+	
Table 1.5 No CAD: VF or Hemodynamically Unstable VT	VF/Hemodynamically Unstable VT Associated With Other Structural Heart Disease	21	<ul style="list-style-type: none"> • Takatsubo cardiomyopathy (stress induced cardiomyopathy, apical ballooning syndrome) • ≥48 hours of onset of symptoms 	6	7	6	7	7	7	3	5	5	6	5	8	5	5	3	5	4	5	5	M		

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Table 1.6 Genetic Diseases with Sustained VT/VF		22	• Congenital Long QT	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	8	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		23	• Short QT	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	9	8	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		24	• Catecholaminergic Polymorphic VT	9	9	9	9	9	8	8	8	8	9	9	8	9	9	8	8	6	9	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		25	• Brugada syndrome	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	9	8	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		26	• ARVC with successful ablation of all inducible monomorphic VTs	9	9	9	8	8	8	7	9	9	9	9	7	9	9	9	9	9	6	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		27	• ARVC with unsuccessful attempt to ablate an inducible VT	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	9	8	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		28	• ARVC without attempted ablation	9	9	9	9	9	9	8	9	9	9	9	8	9	9	9	9	9	8	9	A	+		
Table 1.6 Genetic Diseases with Sustained VT/VF		29	• Hypertrophic cardiomyopathy	9	9	9	9	9	9	8	9	9	9	9	9	9	9	9	9	9	8	9	A	+		
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Pharmacologically Induced Sustained VT/VF	30	• Non-torsades de pointes VT/VF in the setting of antiarrhythmic drug use	3	2	3	4	3	3	1	3	3	2	3	5	2	3	5	1	4	3	3	R	+		
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Pharmacologically Induced Sustained VT/VF	31	• Drug induced torsades de pointes	3	2	3	1	2	2	1	3	3	2	3	5	2	3	2	1	2	2	2	R	+		
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Idiopathic VF With Normal Ventricular Function	32	• No family history of sudden cardiac death	9	9	9	9	9	9	9	8	8	8	9	8	9	8	9	7	7	9	9	A	+		
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Idiopathic VF With Normal Ventricular Function	33	• First degree relative with sudden cardiac death	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	7	8	9	9	A	+		
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Other Causes	34	• Bradycardia dependent VT/VF	1	7	7	6	7	8	5	2	7	1	4	4	8	3	3	5	4	5	5	M		-	
Table 1.7 No Structural Heart Disease (LVEF ≥50%) or Known Genetic Causes of Sustained VT/VF	Other Causes	35	• WPW syndrome with VT/VF • Pathway successfully ablated • Structurally normal heart	1	2	3	3	1	4	1	2	2	1	1	2	1	2	2	2	2	2	2	2	R	+	

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope With No Structural Heart Disease or Genetically Transmitted Ventricular Arrhythmias	36	<ul style="list-style-type: none"> • Normal ECG and structurally normal heart • Family history of sudden death 	3	6	6	3	3	3	5	6	3	3	3	2	3	4	4	4	4	3	R			
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope With No Structural Heart Disease or Genetically Transmitted Ventricular Arrhythmias	37	<ul style="list-style-type: none"> • Normal ECG and structurally normal heart • No known family history of sudden death 	1	1	3	1	1	1	3	2	3	1	1	1	1	1	4	1	1	1	R	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With RV or LV Outflow Tract Tachycardia (Idiopathic VT) With Normal LV and RV Function and Anatomy	38	<ul style="list-style-type: none"> • Documented sustained monomorphic VT (LBBB/inferior axis) at the time of syncope • Ablation not yet attempted 	1	1	3	2	3	4	2	2	3	1	1	2	3	2	3	2	3	2	R	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With RV or LV Outflow Tract Tachycardia (Idiopathic VT) With Normal LV and RV Function and Anatomy	39	<ul style="list-style-type: none"> • Documented history of sustained monomorphic VT (LBBB/inferior axis) but not recorded at the time of syncope • Ablation not yet attempted 	1	1	3	2	2	3	2	2	3	1	1	2	1	2	2	2	3	2	R	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With RV or LV Outflow Tract Tachycardia (Idiopathic VT) With Normal LV and RV Function and Anatomy	40	<ul style="list-style-type: none"> • Documented sustained monomorphic VT (LBBB/inferior axis) at the time of syncope • Ablation successful 	1	1	3	1	2	3	1	2	3	2	1	2	2	1	2	1	2	2	R	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Long QT Syndrome	41	<ul style="list-style-type: none"> • While on treatment with beta blockers 	9	9	7	8	8	8	8	9	8	9	9	9	9	9	9	9	7	7	9	A	+	
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Long QT Syndrome	42	<ul style="list-style-type: none"> • Not being treated with beta blockers 	7	8	9	6	7	7	6	6	7	7	7	5	7	7	6	5	5	7	A			
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Brugada ECG Pattern	43	<ul style="list-style-type: none"> • No EPS performed 	9	8	8	7	8	9	6	9	9	9	8	9	9	9	8	8	5	8	A	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Brugada ECG Pattern	44	<ul style="list-style-type: none"> • EPS performed • No ventricular arrhythmias induced 	9	7	8	6	8	9	6	8	7	9	7	6	9	9	6	8	4	8	A			
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Brugada ECG Pattern	45	<ul style="list-style-type: none"> • EPS performed • Sustained VT/VF induced 	9	9	9	8	9	9	9	9	9	9	9	8	9	8	9	8	7	9	A	+		
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Catecholaminergic Polymorphic VT	46	<ul style="list-style-type: none"> • While on treatment with beta blockers 	9	9	9	9	8	8	8	9	8	8	9	8	8	9	9	7	7	8	A	+		

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree
Table 1.8.1 Syncope in Patients Without Structural Heart Disease	Unexplained Syncope in a Patient With Catecholaminergic Polymorphic VT	47	• Not being treated with beta blockers	6	9	9	8	8	7	6	8	9	8	8	7	8	9	6	7	5	8	A	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Coronary Heart Disease and No Acute MI: LVEF ≥50%	48	• Electrophysiology study and noninvasive investigations failed to define a cause of syncope • No prior MI • Nonobstructive CAD; revascularization not indicated	1	2	5	2	2	4	1	3	3	3	1	2	1	1	1	3	3	2	R	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Coronary Heart Disease and No Acute MI: LVEF ≥50%	49	• Electrophysiology study and noninvasive investigations failed to define a cause of syncope • No prior MI • Obstructive CAD; not amenable to revascularization	1	3	5	5	3	4	5	3	4	3	4	2	2	3	1	2	4	3	R		
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF 36-49%	50	• Electrophysiology study failed to define a cause of syncope • Nonobstructive CAD; revascularization not indicated	5	5	5	6	5	5	5	5	5	5	6	3	5	5	5	5	4	5	M	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF 36-49%	51	• Electrophysiology study failed to define a cause of syncope • Obstructive CAD; not amenable to revascularization	6	7	6	7	6	6	7	6	6	6	7	4	6	7	6	5	5	6	M		
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF 36-49%	52	• Electrophysiology study revealed inducible sustained VT/VF	9	9	9	8	9	9	9	9	9	9	9	8	9	9	7	7	7	9	A	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF ≤35%	53	• EPS not performed	9	9	9	8	9	9	8	8	9	9	9	8	9	9	7	9	7	9	A	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF ≤35%	54	• Inducible VT/VF at EPS	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	A	+	
Table 1.8.2 Syncope in Patients With Coronary Artery Disease	Unexplained Syncope With Prior MI and No Acute MI: LVEF ≤35%	55	• Not inducible at EPS	9	9	9	7	8	8	8	7	9	8	7	7	9	9	8	8	6	8	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Left Ventricular Hypertrophy w/o Criteria for HCM	56a	• Left ventricular hypertrophy/hypertensive heart disease • LVEF ≥50%	1	3	3	4	2	3	2	3	3	3	3	2	1	3	1	3	2	3	R	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Left Ventricular Hypertrophy w/o Criteria for HCM	56b	• Left ventricular hypertrophy/hypertensive heart disease • LVEF 36-49%	4	5	6	6	4	5	4	5	6	5	7	5	5	5	2	5	3	5	M	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Left Ventricular Hypertrophy w/o Criteria for HCM	56c	• Left ventricular hypertrophy/hypertensive heart disease • LVEF ≤35%	9	9	9	8	9	7	7	7	7	8	8	8	8	8	3	7	6	8	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	57a	• Nonischemic dilated cardiomyopathy • LVEF ≥50%	1	3	4	3	6	3	4	5	4	4	6	1	4	5	3	3	4	4	M		
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	57b	• Nonischemic dilated cardiomyopathy • LVEF 36-49%	6	7	6	5	7	5	7	6	6	6	6	4	6	7	6	6	5	6	M	+	

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	57c	• Nonischemic dilated cardiomyopathy • LVEF ≤35%	8	9	9	8	9	7	9	8	8	8	9	8	8	8	7	8	6	8	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	58a	• Left ventricular non-compaction • LVEF ≥50%	2	7	6	5	8	7	6	7	6	4	7	7	7	6	5	3	4	6	M		
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	58b	• Left ventricular non-compaction • LVEF 36-49%	6	9	8	7	8	8	7	7	7	6	7	7	7	7	6	6	5	7	A		
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	58c	• Left ventricular non-compaction • LVEF ≤35%	8	9	9	9	9	9	9	7	8	8	7	9	7	7	7	7	6	8	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	59	• Hypertrophic cardiomyopathy	9	9	7	7	8	7	7	8	7	8	9	8	8	7	8	8	6	8	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	60	• Cardiac amyloidosis	6	6	6	5	7	6	3	4	6	6	4	6	6	6	6	6	4	6	M	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Nonischemic Cardiomyopathy	61	• Tetralogy of Fallot with prior corrective surgery	6	8	7	6	9	7	7	7	8	8	7	8	8	7	7	7	6	7	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Arrhythmogenic RV Cardiomyopathy	62	• No EPS performed	7	9	7	7	8	7	7	7	7	7	7	8	7	7	7	8	6	7	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Arrhythmogenic RV Cardiomyopathy	63	• No inducible VT/VF at EPS	7	9	7	7	8	7	7	7	7	7	7	8	7	7	7	8	5	7	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Arrhythmogenic RV Cardiomyopathy	64	• Inducible VT/VF at EPS • All inducible VTs successfully ablated	9	9	7	8	8	7	7	7	7	7	7	9	7	7	7	7	5	7	A	+	
Table 1.8.3 Syncope in Patients With Nonischemic Structural Heart Disease	Unexplained Syncope in a Patient With Arrhythmogenic RV Cardiomyopathy	65	• Inducible VT/VF at EPS • Ablation unsuccessful	9	9	7	9	9	9	8	7	8	8	9	8	9	7	8	8	8	8	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		66a	• CAD and prior MI • LVEF ≥50%	6	8	7	6	8	7	5	7	7	7	6	7	9	7	7	8	5	7	A		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		66b	• CAD and prior MI • LVEF 36-49%	7	9	8	7	9	7	7	8	7	7	7	7	9	7	7	8	6	7	A	+	

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Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		66c	<ul style="list-style-type: none"> • CAD and prior MI • LVEF ≤35% 	9	9	9	9	9	9	8	8	9	9	9	9	9	8	8	8	8	9	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		67a	<ul style="list-style-type: none"> • CAD and prior MI • All inducible VTs successfully ablated • LVEF ≥50% 	5	6	7	6	6	7	3	6	4	6	4	6	5	6	3	5	3	6	M		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		67b	<ul style="list-style-type: none"> • CAD and prior MI • All inducible VTs successfully ablated • LVEF 36-49% 	7	8	8	7	7	7	5	6	5	6	5	8	9	6	5	5	4	6	M		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		67c	<ul style="list-style-type: none"> • CAD and prior MI • All inducible VTs successfully ablated • LVEF ≤35% 	9	9	9	9	9	8	7	8	9	9	8	9	9	8	7	8	6	9	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		68a	<ul style="list-style-type: none"> • CAD and prior MI • Troponin elevation thought to be secondary to VT • All inducible VTs successfully ablated • LVEF ≥50% 	5	6	7	6	6	7	3	6	4	6	4	6	5	4	3	5	3	5	M		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		68b	<ul style="list-style-type: none"> • CAD and prior MI • Troponin elevation thought to be secondary to VT • All inducible VTs successfully ablated • LVEF 36-49% 	7	8	8	7	7	7	7	6	6	6	5	8	9	6	5	5	5	7	A		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		68c	<ul style="list-style-type: none"> • CAD and prior MI • Troponin elevation thought to be secondary to VT • All inducible VTs successfully ablated • LVEF ≤35% 	9	9	9	9	9	7	8	8	8	9	8	9	9	8	7	8	6	8	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		69a	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • LVEF ≥50% 	5	7	7	6	7	7	6	6	5	7	4	7	6	7	7	7	5	7	A		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		69b	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • LVEF 36-49% 	7	8	8	7	8	7	7	7	6	7	6	8	8	7	8	7	6	7	A	+	

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Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		69c	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • LVEF ≤35% 	9	9	9	9	9	8	8	8	8	9	9	9	9	8	9	8	8	9	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		70a	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • All inducible VTs successfully ablated • LVEF ≥50% 	5	7	7	4	6	6	5	6	5	6	4	7	7	5	5	5	2	5	M		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		70b	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • All inducible VTs successfully ablated • LVEF 36-49% 	7	8	8	6	7	7	6	7	6	7	7	8	8	7	7	7	4	7	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		70c	<ul style="list-style-type: none"> • Nonischemic dilated cardiomyopathy • All inducible VTs successfully ablated • LVEF ≤35% 	9	9	9	8	9	7	8	7	8	9	8	9	8	8	8	7	6	8	A	+	
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		71a	<ul style="list-style-type: none"> • Bundle branch reentry successfully ablated in a patient with nonischemic cardiomyopathy • LVEF ≥50% 	4	4	3	4	5	4	2	6	3	4	3	5	5	4	5	4	2	4	M		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		71b	<ul style="list-style-type: none"> • Bundle branch reentry successfully ablated in a patient with nonischemic cardiomyopathy • LVEF 36-49% 	6	8	5	6	7	7	4	7	5	7	7	8	6	7	7	5	3	7	A		
Table 1.9 Sustained Hemodynamically Stable Monomorphic VT Associated With Structural Heart Disease		71c	<ul style="list-style-type: none"> • Bundle branch reentry successfully ablated in a patient with nonischemic cardiomyopathy • LVEF ≤35% 	8	9	6	9	9	8	8	8	8	9	8	9	8	8	8	7	6	8	A	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Plan for Revascularization (Not Yet Performed)	72	<ul style="list-style-type: none"> • No NSVT 	3	1	4	2	2	1	1	2	2	2	1	1	1	3	2	2	3	2	R	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	73	<ul style="list-style-type: none"> • No NSVT 	3	2	4	2	4	1	2	3	2	2	1	2	2	2	2	3	3	2	R	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	74	<ul style="list-style-type: none"> • Asymptomatic NSVT (>4 days post MI) • No EPS performed 	5	2	4	2	4	3	3	4	3	3	1	2	3	3	3	5	4	3	R		
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	75	<ul style="list-style-type: none"> • Asymptomatic NSVT (>4 days post MI) • EPS with inducible sustained VT (EPS performed after revascularization, within 30 days of MI) 	8	8	5	7	8	9	7	7	7	7	7	7	9	8	8	8	7	7	A	+	

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Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	76	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS with inducible sustained VT (EPS performed after revascularization, between 30 and 40 days after MI) 	8	8	6	8	8	9	7	7	7	7	7	8	9	7	8	7	8	7	8	A	+		
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	77	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed after revascularization, within 30 days after MI) 	5	1	4	2	4	3	3	3	3	3	3	2	2	3	2	3	4	3	4	R	+		
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Revascularized After Acute MI	78	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed after revascularization, between 30 and 40 days after MI) 	6	5	4	2	4	6	3	3	3	3	1	1	5	5	2	5	5	4	5	4	M		
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	79	<ul style="list-style-type: none"> No NSVT 	4	2	4	2	3	2	3	3	2	3	1	1	2	2	2	2	3	2	3	2	R	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	80	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) No EPS performed 	6	2	4	3	4	4	5	4	4	4	4	2	4	6	4	5	4	4	4	4	M	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	81	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS with inducible sustained VT (EPS performed within 30 days of MI) 	8	8	6	8	7	7	7	8	8	7	7	7	7	7	5	8	7	7	7	7	A	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	82	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS with inducible sustained VT (EPS performed btwn 30 and 40 days after MI) 	8	8	6	8	7	8	8	8	8	7	8	8	7	8	6	8	7	8	7	8	A	+	
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	83	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed within 30 days of MI) 	5	2	4	3	4	4	3	3	4	7	4	2	5	4	2	4	4	4	4	4	M		
Table 2.1.1 Post Acute Myocardial Infarction (≤40 Days) LVEF ≤30%	Not Revascularized: Obstructive CAD with Coronary Anatomy Not Amenable to Revasc	84	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed btwn 30 and 40 days after MI) 	5	5	4	4	4	4	4	3	4	7	1	2	4	4	2	4	5	4	4	4	M		
Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	85	<ul style="list-style-type: none"> No NSVT 	4	1	4	2	3	1	1	2	2	2	1	2	2	2	2	2	2	2	2	2	R	+	
Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	86	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) No EPS performed 	4	1	4	2	4	2	2	3	2	3	3	2	3	3	3	3	3	4	3	4	R	+	
Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	87	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS with inducible sustained VT (EPS performed after revascularization, within 30 days of MI) 	8	8	6	6	8	7	6	7	7	7	7	8	7	7	7	7	7	7	7	7	A	+	
Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	88	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS with inducible sustained VT (EPS performed after revascularization, between 30 and 40 days after MI) 	8	8	6	7	8	8	7	7	7	7	7	8	9	7	7	7	7	7	7	7	A	+	
Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	89	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed after revascularization, within 30 days of MI) 	4	2	4	2	3	3	3	3	3	3	1	1	3	3	2	3	3	3	3	3	R	+	

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Table 2.1.2 Post Acute Myocardial Infarction (≤40 Days) LVEF 31-40%	Revascularized for Acute MI	90	<ul style="list-style-type: none"> Asymptomatic NSVT (>4 days post MI) EPS without inducible VT (EPS performed after revascularization, between 30 and 40 days after MI) 	4	5	4	2	3	3	3	3	3	3	1	2	3	3	2	3	4	3	R	+	
Table 2.1.3 Post Acute MI (≤40 days) and Pre-existing Chronic CM (≥3 Months)		91	<ul style="list-style-type: none"> LVEF ≤30% due to old infarction NYHA Class I 	9	9	7	8	8	8	7	9	7	9	7	3	9	9	6	9	6	8	A	+	
Table 2.1.3 Post Acute MI (≤40 days) and Pre-existing Chronic CM (≥3 Months)		92	<ul style="list-style-type: none"> LVEF ≤35% due to old infarction NYHA Class II-III 	9	9	9	9	8	8	7	9	7	9	7	7	9	9	7	9	8	9	A	+	
Table 2.1.3 Post Acute MI (≤40 days) and Pre-existing Chronic CM (≥3 Months)		93	<ul style="list-style-type: none"> LVEF ≤35% due to nonischemic causes NYHA Class II-III 	9	9	9	8	8	8	8	9	7	9	7	8	9	9	7	9	7	8	A	+	
Table 2.1.4 Post MI (≤40 days) and Need for Guideline-Directed Pacemaker Therapy Post MI (e.g., SSS, CHB or Other Indications for Permanent Pacemaker)		94	<ul style="list-style-type: none"> LVEF ≤35% 	7	9	7	7	8	8	7	8	8	7	7	9	8	7	6	7	6	7	A	+	
Table 2.1.4 Post MI (≤40 days) and Need for Guideline-Directed Pacemaker Therapy Post MI (e.g., SSS, CHB or Other Indications for Permanent Pacemaker)		95	<ul style="list-style-type: none"> LVEF 36-40% 	5	8	6	5	6	6	6	6	6	6	6	8	6	6	4	6	4	6	M	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	96a	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class I 	9	9	6	8	8	8	7	8	8	9	9	8	9	9	7	9	7	8	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	96b	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class II 	9	9	9	9	9	9	9	8	8	9	9	8	9	9	8	9	8	9	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	96c	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class III 	9	9	9	9	9	9	8	9	8	9	9	8	9	9	9	9	8	9	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	97a	<ul style="list-style-type: none"> LVEF 31-35% NYHA Class I 	8	8	6	5	6	7	6	8	6	6	5	8	9	7	7	7	5	7	A		
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	97b	<ul style="list-style-type: none"> LVEF 31-35% NYHA Class II 	9	9	8	7	9	8	8	8	9	9	9	8	9	9	8	9	7	9	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	97c	<ul style="list-style-type: none"> LVEF 31-35% NYHA Class III 	9	9	8	7	9	8	7	9	9	9	9	8	9	9	9	9	7	9	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	98	<ul style="list-style-type: none"> LVEF 36-40% Asymptomatic NSVT No EPS 	6	6	6	2	4	5	6	6	5	6	4	5	5	7	5	5	5	5	M	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	99	<ul style="list-style-type: none"> LVEF 36-40% Asymptomatic NSVT EPS without inducible VT/VF 	5	4	6	1	3	4	5	5	4	5	5	2	5	6	5	3	7	5	M		

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Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	No Recent PCI or CABG (≤3 Months)	100	<ul style="list-style-type: none"> LVEF 36-40% Asymptomatic NSVT EPS with inducible sustained VT/VF 	9	9	9	8	9	8	8	8	7	9	9	9	9	8	8	8	6	8	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	Recent PCI or CABG (≤3 Months)	101	<ul style="list-style-type: none"> No known pre-existing cardiomyopathy LVEF ≤35% 	6	7	6	5	6	5	6	6	6	3	6	2	6	7	6	6	6	6	M	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	Recent PCI or CABG (≤3 Months)	102	<ul style="list-style-type: none"> Pre-existing documented cardiomyopathy LVEF ≤35% on GDMT >3 months prior to PCI/CABG 	9	9	9	8	8	8	7	8	8	9	9	6	9	9	9	8	6	8	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	Recent PCI or CABG (≤3 Months)	103	<ul style="list-style-type: none"> LVEF ≤35% Need for ppm post-revascularization (e.g., SSS, CHB, or other guideline-directed indications for ppm) 	8	9	7	8	8	8	8	8	8	8	8	8	8	8	7	8	7	8	A	+	
Table 2.2. Post MI (>40 days) With Ischemic Cardiomyopathy	Recent PCI or CABG (≤3 Months)	104	<ul style="list-style-type: none"> LVEF 36-40% Need for ppm post-revascularization (e.g., SSS, CHB, or other guideline-directed indications for ppm) 	6	8	6	5	6	6	6	6	6	6	6	6	6	7	5	6	6	6	M	+	
Table 2.3 Duration of GDMT for Ischemic Cardiomyopathy Without Recent MI (Revascularization Not Indicated)		105	<ul style="list-style-type: none"> LVEF ≤35% On guideline-directed medical therapy for <3 months 	7	8	3	2	6	6	5	5	6	6	5	3	7	6	3	5	4	5	M		
Table 2.3 Duration of GDMT for Ischemic Cardiomyopathy Without Recent MI (Revascularization Not Indicated)		106	<ul style="list-style-type: none"> LVEF ≤35% On guideline-directed medical therapy <3 months NSVT EPS with inducible sustained VT 	9	9	9	8	8	8	8	8	7	9	9	9	9	8	7	8	7	8	A	+	
Table 2.3 Duration of GDMT for Ischemic Cardiomyopathy Without Recent MI (Revascularization Not Indicated)		107	<ul style="list-style-type: none"> LVEF ≤35% On guideline-directed medical therapy ≥3 months 	9	9	9	8	9	9	9	9	9	9	9	7	9	9	8	7	6	9	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Treatment Since Diagnosis <3 Months: Newly Diagnosed CM with Narrow QRS	108a	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class I 	7	5	3	2	2	5	1	4	3	3	3	2	3	6	3	3	3	3	R		
Table 2.4 Nonischemic Cardiomyopathy	Treatment Since Diagnosis <3 Months: Newly Diagnosed CM with Narrow QRS	108b	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class II-III 	7	6	3	2	4	6	2	4	3	3	4	2	4	6	3	9	5	4	M		
Table 2.4 Nonischemic Cardiomyopathy	Treatment Since Diagnosis <3 Months: Newly Diagnosed CM with Narrow QRS	109a	<ul style="list-style-type: none"> LVEF 31-35% NYHA Class I 	7	5	3	1	1	5	1	3	3	3	3	2	3	6	3	4	2	3	R		
Table 2.4 Nonischemic Cardiomyopathy	Treatment Since Diagnosis <3 Months: Newly Diagnosed CM with Narrow QRS	109b	<ul style="list-style-type: none"> LVEF 31-35% NYHA Class II-III 	7	6	3	1	3	6	2	4	3	3	3	2	3	6	3	9	3	3	R		
Table 2.4 Nonischemic Cardiomyopathy	At Least 3 Months on Guideline-Directed Medical Therapy	110a	<ul style="list-style-type: none"> LVEF ≤30% NYHA Class I 	8	8	5	5	7	6	7	6	7	6	5	8	7	7	7	6	6	7	A		

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Table 2.4 Nonischemic Cardiomyopathy	At Least 3 Months on Guideline-Directed Medical Therapy	110b	• LVEF ≤30% • NYHA Class II-III	9	9	8	9	9	9	9	9	9	9	9	9	9	9	8	9	8	9	A	+	
Table 2.4 Nonischemic Cardiomyopathy	At Least 3 Months on Guideline-Directed Medical Therapy	111a	• LVEF 31-35% • NYHA Class I	7	8	5	4	7	6	5	6	7	6	7	8	7	7	7	6	5	7	A		
Table 2.4 Nonischemic Cardiomyopathy	At Least 3 Months on Guideline-Directed Medical Therapy	111b	• LVEF 31-35% • NYHA Class II-III	9	9	8	8	9	9	8	9	9	9	9	8	9	9	8	9	7	9	A	+	
Table 2.4 Nonischemic Cardiomyopathy	At Least 3 Months on Guideline-Directed Medical Therapy	112	• LVEF 36-40%	6	4	5	2	3	4	4	6	4	4	6	2	4	4	4	5	3	4	M	+	
Table 2.4 Nonischemic Cardiomyopathy	Recent Valve Surgery (ie, same hospitalization or <3 Months) Which Included Incidental Bypass Graft	113	• LVEF ≤35% • Need for pacemaker and LV function not felt likely to improve	7	8	8	8	7	7	5	6	7	6	7	9	6	7	7	5	7	7	A		
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	114a	• Sarcoid heart disease • LVEF ≤35%	8	9	8	8	8	8	9	8	8	8	9	9	8	9	7	8	6	8	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	114b	• Sarcoid heart disease • LVEF >35%	5	6	6	5	5	6	7	6	6	6	6	9	6	6	5	6	3	6	M	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	115a	• Myotonic dystrophy • LVEF ≤35%	8	9	9	8	8	8	7	8	8	9	7	7	8	7	7	5	6	8	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	115b	• Myotonic dystrophy • LVEF >35%	5	6	6	5	4	5	6	5	5	6	6	4	5	6	3	5	2	5	M	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	116a	• Chagas disease • LVEF ≤35%	8	8	8	8	8	8	9	8	8	9	9	8	8	8	7	8	6	8	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	116b	• Chagas disease • LVEF >35%	5	6	6	5	4	6	7	6	6	6	6	4	6	6	5	8	2	6	M	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	117a	• Amyloidosis with heart failure • LVEF ≤35%	6	6	8	5	7	8	2	6	7	6	6	7	5	6	5	5	4	6	M		
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	117b	• Amyloidosis with heart failure • LVEF >35%	5	6	6	3	4	4	1	6	4	6	5	5	5	3	5	5	2	5	M	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	118a	• Acute lymphocytic myocarditis • Newly diagnosed (<3 months ago) • LVEF ≤35%	4	2	4	5	4	3	2	3	3	3	3	4	3	3	3	2	3	3	R		
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	118b	• Acute lymphocytic myocarditis • Newly diagnosed (<3 months ago) • LVEF >35%	3	2	3	2	3	2	2	3	3	3	2	3	3	3	3	2	1	3	R	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	119a	• Giant cell myocarditis • LVEF ≤35%	8	9	8	5	8	7	9	9	8	9	9	9	9	9	8	8	6	8	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	119b	• Giant cell myocarditis • LVEF >35%	6	6	7	2	7	6	8	8	7	6	9	8	9	6	5	8	3	7	A		
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	120a	• Peripartum cardiomyopathy • Persists >3 months postpartum • LVEF ≤35%	8	9	9	8	7	8	9	8	8	9	9	4	7	7	7	5	6	8	A	+	
Table 2.4 Nonischemic Cardiomyopathy	Specific Etiologies	120b	• Peripartum cardiomyopathy • Persists >3 months postpartum • LVEF >35%	5	3	6	3	4	3	5	6	3	6	6	2	7	5	3	3	2	4	M		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)		121	• Hypertrophic cardiomyopathy with 1 or more risk factors	9	9	9	7	7	7	7	8	7	7	7	8	7	8	7	8	6	7	A	+	

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Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)		122	• Arrhythmogenic right ventricular dysplasia/cardiomyopathy with no symptoms due to arrhythmia	8	7	7	7	7	7	5	7	7	7	7	6	7	7	5	8	5	7	A	+	
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Congenital Long QT Syndrome With 1 or More Risk Factors	123	• Not receiving guideline-directed medical therapy	6	8	7	5	7	7	6	6	6	7	6	8	7	7	6	6	3	6	M		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Congenital Long QT Syndrome With 1 or More Risk Factors	124	• Receiving guideline-directed therapy	7	8	8	6	7	8	6	6	7	7	7	8	7	7	8	6	5	7	A		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Catecholaminergic Polymorphic VT With Nonsustained VT (Without Syncope)	125	• Not receiving beta blockers, flecainide or propafenone	7	7	9	7	7	5	6	7	6	7	7	5	8	7	7	7	4	7	A		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Catecholaminergic Polymorphic VT With Nonsustained VT (Without Syncope)	126	• Receiving beta blockers	8	9	8	8	7	6	7	7	6	7	6	5	8	8	8	7	6	7	A		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Catecholaminergic Polymorphic VT With Nonsustained VT (Without Syncope)	127	• Not tolerating or breakthrough nonsustained ventricular arrhythmias on beta blockers	9	9	9	8	8	7	8	8	8	8	9	8	9	8	9	7	7	8	A	+	
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Incidentally Discovered Brugada by ECG (Type I ECG Pattern) in the absence of symptoms or family history of SCD	128	• No EPS	5	2	7	3	3	6	5	3	6	2	6	5	2	2	6	3	3	3	R		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Incidentally Discovered Brugada by ECG (Type I ECG Pattern) in the absence of symptoms or family history of SCD	129	• Inducible VT or VF at EPS	8	4	9	5	6	7	7	6	7	5	8	8	5	6	7	6	8	7	A		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Incidentally Discovered Brugada by ECG (Type I ECG Pattern) in the absence of symptoms or family history of SCD	130	• No inducible VT or VF at EPS	5	1	7	2	2	7	5	3	5	2	5	4	2	1	4	2	3	3	R		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Familial Dilated/ Nonischemic Cardiomyopathy (RV/LV) Associated With SCD	131	• Evidence of structural cardiac disease but LVEF >35%	6	7	7	6	7	6	7	7	7	8	8	4	7	7	7	7	5	7	A		
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Familial Dilated/ Nonischemic Cardiomyopathy (RV/LV) Associated With SCD	132	• Normal ECG and echo but carrying the implicated gene	6	6	6	5	6	5	6	6	6	6	5	5	5	6	6	5	3	6	M	+	
Table 2.5 Genetic Conditions (Excludes Syncope & Sustained VT covered in section 1)	Familial Dilated/ Nonischemic Cardiomyopathy (RV/LV) Associated With SCD	133	• LV non-compaction with LVEF >35%	6	7	6	5	7	5	8	7	7	7	8	5	8	7	7	6	5	7	A		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Life Expectancy	134	• Life expectancy <1 year from cardiac or noncardiac conditions	1	1	3	3	2	3	1	2	1	1	1	2	1	1	1	1	2	1	R	+	

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Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Life Expectancy	135	• Noncardiac disease with life expectancy 1-2 years	4	4	4	5	4	6	2	4	6	4	5	4	4	4	4	5	4	4	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	136a	• 80-89 years old • NYHA Class I	7	6	4	5	4	4	2	5	4	6	5	2	5	5	3	2	3	4	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	136b	• 80-89 years old • NYHA Class II	7	7	5	6	4	5	5	5	5	6	5	5	5	2	3	5	5	5	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	136c	• 80-89 years old • NYHA Class III	4	7	4	6	5	6	3	5	5	6	5	4	5	2	5	5	5	5	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	137a	≥90 years old • NYHA Class I	6	4	3	3	3	3	2	5	3	5	1	4	2	1	3	2	1	3	R			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	137b	≥90 years old • NYHA Class II	5	4	3	4	3	4	4	5	4	5	4	2	2	1	3	5	2	4	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Eldery	137c	≥90 years old • NYHA Class III	1	4	3	4	3	4	2	5	4	5	4	1	2	1	5	5	2	4	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Cognitive Impairment	138	• Not able to understand or provide informed consent • Health care proxy consents to ICD	5	4	6	4	4	4	2	6	4	4	7	2	5	4	6	4	4	4	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Cognitive Impairment	139	• Not able to understand or provide informed consent • No health care proxy can be identified	1	4	3	3	2	3	1	3	3	3	3	2	1	3	3	3	3	3	3	R	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Advanced Psychiatric Impairment	140	• Significant psychiatric illnesses that may be aggravated by device implantation or that may preclude regular follow up	4	1	3	3	1	3	1	1	1	1	2	3	2	1	1	1	3	1	R	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	141a	• Severe symptomatic peripheral vascular disease (e.g., peripheral interventions or clinical claudication) • NYHA Class I	8	7	6	5	6	6	5	8	4	6	5	7	5	5	5	6	6	6	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	141b	• Severe symptomatic peripheral vascular disease (e.g., peripheral interventions or clinical claudication) • NYHA Class II	9	7	9	8	7	7	6	8	7	6	7	7	6	4	6	6	8	7	A			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	141c	• Severe symptomatic peripheral vascular disease (e.g., peripheral interventions or clinical claudication) • NYHA Class III	7	7	9	8	8	7	5	8	7	6	7	8	6	4	7	6	8	7	A			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	142a	• Chronic kidney disease on dialysis • Not a candidate for renal transplant • NYHA Class I	8	7	6	5	6	4	3	8	5	6	5	4	5	4	5	6	4	5	M	+		

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Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	142b	<ul style="list-style-type: none"> Chronic kidney disease on dialysis Not a candidate for renal transplant NYHA Class II 	8	7	7	6	6	5	6	8	6	6	7	7	6	4	6	6	6	6	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	142c	<ul style="list-style-type: none"> Chronic kidney disease on dialysis Not a candidate for renal transplant NYHA Class III 	7	7	7	6	6	5	5	8	6	6	7	6	6	4	7	6	6	6	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	143a	<ul style="list-style-type: none"> Chronic kidney disease with CrCl <30 cc, not yet on dialysis but candidate for dialysis NYHA Class I 	8	6	6	6	6	5	4	7	6	6	6	7	6	5	5	6	4	6	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	143b	<ul style="list-style-type: none"> Chronic kidney disease with CrCl <30 cc, not yet on dialysis but candidate for dialysis NYHA Class II 	9	6	7	8	6	6	5	7	6	6	6	8	6	6	6	6	6	6	6	M		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Renal Disease	143c	<ul style="list-style-type: none"> Chronic kidney disease with CrCl <30 cc, not yet on dialysis but candidate for dialysis NYHA Class III 	8	6	7	8	6	6	5	7	6	6	6	9	6	6	7	6	6	6	M			
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Other Comorbidities	144	<ul style="list-style-type: none"> IV drug abuse (ongoing) 	1	2	1	3	2	4	1	2	2	3	1	2	1	3	2	2	2	2	2	R	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Other Comorbidities	145	<ul style="list-style-type: none"> Unresolved infection associated with risk for hematogenous seeding 	1	1	1	3	1	2	1	2	2	3	1	3	1	3	2	2	2	2	2	R	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Other Comorbidities	146	<ul style="list-style-type: none"> Non-compliance with medical therapy and follow-up 	3	2	1	5	2	4	1	3	3	3	1	2	4	3	3	2	3	3	3	R	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Class IV Heart Failure	147	<ul style="list-style-type: none"> On waiting list for heart transplant 	9	9	9	7	8	8	5	8	8	8	8	8	8	8	8	8	7	7	8	A	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Class IV Heart Failure	148	<ul style="list-style-type: none"> Not candidate for cardiac transplantation, CRT, or VAD Refractory symptoms on oral therapy 	3	1	6	2	2	3	1	3	3	1	2	2	2	2	1	2	2	2	2	R	+	
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Class IV Heart Failure	149	<ul style="list-style-type: none"> Patient with a VAD 	4	6	9	5	5	6	5	6	6	6	5	6	6	5	5	7	5	6	M	+		
Table 3.1 Special Conditions/Comorbidities in Patients for Primary Prevention	Class IV Heart Failure	150	<ul style="list-style-type: none"> Not a candidate for transplant or VAD Does not meet CRT criteria Planned outpatient continuous intravenous inotropic therapy for palliation 	1	2	4	3	2	3	1	1	2	1	1	2	1	2	2	2	2	2	2	R	+	
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	151	<ul style="list-style-type: none"> Patient received primary prevention ICD when LVEF was ≤35% LVEF now unchanged 	9	8	9	8	8	9	8	8	8	8	9	9	8	7	8	8	7	8	A	+		
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	152	<ul style="list-style-type: none"> Patient received primary prevention ICD when LVEF was ≤35% LVEF now 36-49% 	7	8	7	6	7	6	5	6	6	6	5	7	6	6	6	8	4	6	M			

Appropriate Use Criteria for ICD/CRT Online Appendix: Ratings Spreadsheet

Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	153	<ul style="list-style-type: none"> • Patient received primary prevention ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) 	6	4	5	4	6	5	3	5	4	6	4	6	5	4	5	6	2	5	M	+		
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant (Now Has Prognosis <1 Year)	154a	<ul style="list-style-type: none"> • Patient received primary prevention ICD • Pacemaker dependent • Replace with ICD 	7	2	3	6	2	4	1	4	2	4	7	6	2	3	2	8	4	4	M			
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant (Now Has Prognosis <1 Year)	154b	<ul style="list-style-type: none"> • Patient received primary prevention ICD • Pacemaker dependent • Replace with Pacemaker 	9	7	8	7	9	8	8	8	7	9	3	7	7	7	9	8	8	8	A	+		
Table 4.1 Primary Prevention ICD at Initial Implant	No Clinically Relevant Ventricular Arrhythmias on ICD Since Implant (Now Has Prognosis <1 Year)	155	<ul style="list-style-type: none"> • Patient received primary prevention ICD • Not pacemaker dependent 	1	2	3	5	2	4	2	8	2	4	1	2	2	2	2	3	4	2	R			
Table 4.1 Primary Prevention ICD at Initial Implant	Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	156	<ul style="list-style-type: none"> • Patient received primary prevention ICD when LVEF was ≤35% • LVEF now unchanged 	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	7	9	A	+		
Table 4.1 Primary Prevention ICD at Initial Implant	Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	157	<ul style="list-style-type: none"> • Patient received primary prevention ICD when LVEF was ≤35% • LVEF now 36-49% 	9	9	9	8	9	9	8	8	8	8	8	8	8	8	8	9	7	6	8	A	+	
Table 4.1 Primary Prevention ICD at Initial Implant	Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	158	<ul style="list-style-type: none"> • Patient received primary prevention ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) 	9	8	9	7	8	9	6	8	7	9	7	8	8	7	9	7	5	8	A	+		
Table 4.1 Primary Prevention ICD at Initial Implant	Clinically Relevant Ventricular Arrhythmias on ICD Since Implant	159	<ul style="list-style-type: none"> • Patient received primary prevention ICD • Now has prognosis <1 year 	5	5	4	6	6	5	3	5	5	5	5	5	3	3	5	4	4	5	M	+		
Table 4.2 Secondary Prevention ICD at Initial Implant		160	<ul style="list-style-type: none"> • Patient received secondary prevention ICD • No ventricular arrhythmia since initial implant 	9	8	7	8	8	9	9	8	8	7	9	8	9	7	9	7	7	8	A	+		
Table 4.2 Secondary Prevention ICD at Initial Implant		161	<ul style="list-style-type: none"> • Patient received secondary prevention ICD • Had ventricular tachyarrhythmias in the monitor zone lasting >30 seconds, but no treated ventricular arrhythmias since initial implant 	9	8	7	9	9	9	9	9	9	9	9	8	9	7	9	7	8	9	A	+		
Table 4.2 Secondary Prevention ICD at Initial Implant		162	<ul style="list-style-type: none"> • Patient received secondary prevention ICD • Had ventricular arrhythmias receiving ICD therapy since implant 	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	9	9	9	A	+	
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	163a	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now unchanged (despite clinical improvement) • Replace with CRT-ICD 	9	8	9	8	9	9	9	9	9	9	9	7	9	9	9	9	7	9	A	+		
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	163b	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now unchanged (despite clinical improvement) • Replace with CRT-Pacemaker 	1	1	5	3	2	6	3	2	1	3	9	2	1	3	3	3	3	3	R	+		

Appropriate Use Criteria for ICD/CRT Online Appendix: Ratings Spreadsheet

Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	164a	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now 36-49% • Replace with CRT-ICD 	9	8	9	7	9	9	8	8	8	9	5	7	9	9	9	7	7	8	A	+		
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	164b	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now 36-49% • Replace with CRT-Pacemaker 	1	1	5	5	2	6	5	2	1	6	3	5	4	5	4	6	6	5	M			
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	165a	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) • Replace with CRT-ICD 	6	7	9	6	8	9	6	6	6	9	7	5	9	9	7	7	4	7	A			
Table 4.3 Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Primary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	165b	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) • Replace with CRT-Pacemaker 	7	3	7	6	3	6	7	8	7	5	6	6	3	4	5	5	6	6	M			
Table 4.4 Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	166	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now unchanged (despite clinical improvement) • Replace with CRT-ICD 	9	9	9	9	9	9	9	9	9	9	9	7	9	9	3	9	7	9	A	+		
Table 4.4 Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	167a	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now 36-49% • Replace with CRT-ICD 	9	9	9	8	9	9	9	9	8	9	5	7	9	9	9	7	7	9	A	+		
Table 4.4 Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	167b	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now 36-49% • Replace with CRT-Pacemaker 	1	1	5	3	1	3	3	2	4	3	5	2	1	3	1	2	5	3	R	+		
Table 4.4 Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	168a	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) • Replace with CRT-ICD 	9	8	9	7	8	9	5	9	8	9	7	7	9	9	8	7	5	8	A	+		
Table 4.4 Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	Secondary Prevention at Initial Implant: Replacement of CRT-ICD for ERI	168b	<ul style="list-style-type: none"> • Patient got a CRT-ICD when LVEF was ≤35% • LVEF now ≥50% (normalized) • Replace with CRT-Pacemaker 	3	2	7	4	2	3	7	2	5	3	5	4	1	2	4	2	4	3	R			
Table 5.1 Conduction System Abnormalities	Sinus Node Dysfunction Who Meets Criteria for ICD	169	<ul style="list-style-type: none"> • Sinus node dysfunction (includes sinus pauses, chronotropic incompetence, or marked sinus bradycardia that results from drug therapy required to treat other conditions) • Symptomatic 	9	9	9	9	9	9	9	9	9	9	9	7	9	9	9	9	8	9	A	+		
Table 5.1 Conduction System Abnormalities	Sinus Node Dysfunction Who Meets Criteria for ICD	170	<ul style="list-style-type: none"> • Resting sinus bradycardia (resting heart rate <50 bpm) • Asymptomatic 	9	7	6	7	7	7	6	7	7	7	7	4	7	7	7	7	7	7	7	A	+	
Table 5.1 Conduction System Abnormalities	AV Conduction Disease who Meets Criteria for ICD (Narrow QRS <120 msec)	171	<ul style="list-style-type: none"> • Third degree AV block or advanced second degree AV block (Mobitz II AV block or high degree AV block) • Symptomatic • CRT not indicated 	9	9	9	9	9	8	9	9	9	9	9	8	9	9	9	9	8	9	A	+		

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Table 5.1 Conduction System Abnormalities	AV Conduction Disease who Meets Criteria for ICD (Narrow QRS <120 msec)	172	<ul style="list-style-type: none"> • Third degree AV block or advanced second degree AV block (Mobitz II AV block or high degree AV block) • Asymptomatic • CRT not indicated 	9	9	9	9	8	7	8	9	8	8	9	8	9	9	8	8	7	8	A	+		
Table 5.1 Conduction System Abnormalities	AV Conduction Disease who Meets Criteria for ICD (Narrow QRS <120 msec)	173	<ul style="list-style-type: none"> • Mobitz Type I AV block • Asymptomatic • CRT not indicated 	6	8	6	8	6	5	5	6	5	6	6	6	5	6	3	5	5	6	M	+		
Table 5.1 Conduction System Abnormalities	AV Conduction Disease who Meets Criteria for ICD (Narrow QRS <120 msec)	174	<ul style="list-style-type: none"> • First degree AV block (PR <300 msec) • Asymptomatic 	6	7	5	6	7	4	5	6	4	6	4	2	5	6	5	4	5	5	5	M	+	
Table 5.1 Conduction System Abnormalities	AV Conduction Disease who Meets Criteria for ICD (Narrow QRS <120 msec)	175	<ul style="list-style-type: none"> • First degree AV block (PR ≥300 msec) • Asymptomatic 	6	7	7	7	8	5	7	6	5	6	5	5	6	6	5	6	6	6	6	M		
Table 5.1 Conduction System Abnormalities	Bundle Branch Block	176	<ul style="list-style-type: none"> • Sinus rhythm with normal PR interval • LBBB • CRT not indicated 	6	7	4	5	7	5	4	4	3	6	1	2	5	6	6	5	4	5	5	M		
Table 5.1 Conduction System Abnormalities	Bundle Branch Block	177	<ul style="list-style-type: none"> • Sinus rhythm with first degree AV block • LBBB • CRT not indicated 	6	7	4	6	7	6	5	6	3	5	4	4	6	6	6	6	6	5	6	M	+	
Table 5.1 Conduction System Abnormalities	Bundle Branch Block	178	<ul style="list-style-type: none"> • Sinus rhythm with normal PR interval • Bifascicular block (RBBB/LAFB or RBBB/LPFB) • CRT not indicated 	8	7	4	5	7	6	6	5	4	5	4	5	5	5	4	5	5	5	5	M	+	
Table 5.1 Conduction System Abnormalities	Bundle Branch Block	179	<ul style="list-style-type: none"> • Sinus rhythm with first degree AV block • Bifascicular block (RBBB/LAFB or RBBB/LPFB) • CRT not indicated 	8	7	4	6	7	6	7	6	5	5	5	7	6	6	6	6	6	6	6	M		
Table 5.1 Conduction System Abnormalities	Bundle Branch Block	180	<ul style="list-style-type: none"> • Alternating RBBB and LBBB • CRT not indicated 	8	9	7	8	9	8	8	8	8	9	8	8	9	7	8	9	8	8	8	A	+	
Table 5.1 Conduction System Abnormalities	Acute MI or Ischemic Event	181a	<ul style="list-style-type: none"> • Transient AV block thought to be secondary to ischemia • Status post successful revascularization • Narrow QRS (<120 msec) 	6	7	4	6	7	6	5	5	4	5	1	2	6	4	5	6	4	5	M	+		
Table 5.1 Conduction System Abnormalities	Acute MI or Ischemic Event	181b	<ul style="list-style-type: none"> • Transient AV block thought to be secondary to ischemia • Status post successful revascularization • Chronic wide QRS (≥120 msec) 	7	7	6	8	8	6	7	7	7	9	9	2	7	7	6	7	5	7	A			
Table 5.1 Conduction System Abnormalities	Acute MI or Ischemic Event	182a	<ul style="list-style-type: none"> • Transient AV block thought to be secondary to ischemia • Not amenable to revascularization • Narrow QRS (<120 msec) 	7	8	5	7	9	7	7	5	5	6	5	2	6	6	4	6	4	6	M			
Table 5.1 Conduction System Abnormalities	Acute MI or Ischemic Event	182b	<ul style="list-style-type: none"> • Transient AV block thought to be secondary to ischemia • Not amenable to revascularization • Chronic wide QRS (≥120 msec) 	8	8	6	8	9	7	8	6	7	6	9	5	7	6	6	6	5	7	A			
Table 5.1 Conduction System Abnormalities	Cardiac Valve Surgery	183	<ul style="list-style-type: none"> • Transient AV block • Narrow QRS (<120 msec) 	6	7	5	6	8	6	5	5	5	6	5	2	5	5	2	5	4	5	M	+		

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Table 5.1 Conduction System Abnormalities	Cardiac Valve Surgery	184	• New LBBB and first degree AV block	8	9	5	7	9	5	8	7	7	7	7	6	7	7	7	7	8	7	A	+	
Table 5.2 No Conduction Abnormalities	Meets Criteria for ICD (Narrow QRS <120 msec)	185	• Sinus rhythm with normal PR interval • Asymptomatic	6	7	3	5	5	6	2	4	3	5	1	4	2	3	2	5	3	4	M		
Table 5.3 Tachyarrhythmias	Atrial Arrhythmias or "SVT" and "No Standard Pacing Indications"	186	• Paroxysmal atrial arrhythmias	9	9	6	7	8	7	7	7	7	9	7	5	9	7	9	7	7	7	A	+	
Table 5.3 Tachyarrhythmias	Atrial Arrhythmias or "SVT" and "No Standard Pacing Indications"	187	• Underlying structural heart disease (e.g., ischemic or nonischemic CM) • No known paroxysmal atrial arrhythmias or SVT	6	7	4	5	7	5	4	5	4	5	4	2	5	6	5	5	4	5	M	+	
Table 5.3 Tachyarrhythmias	Atrial Arrhythmias or "SVT" and "No Standard Pacing Indications"	188	• Structurally normal heart • No known paroxysmal atrial arrhythmias or SVT	6	7	4	3	7	5	2	4	3	4	1	2	5	4	4	5	3	4	M		
Table 5.3 Tachyarrhythmias	Atrial Arrhythmias or "SVT" and "No Standard Pacing Indications"	189	• Long-standing persistent or permanent atrial fibrillation or atrial flutter • No plans for cardioversion or rhythm control	1	1	6	1	1	2	1	2	2	2	1	2	2	1	1	2	1	1	R	+	
Table 5.3 Tachyarrhythmias	Slow Ventricular Arrhythmias Known	190	• Active patient • Known "slow VT" that overlaps with sinus tachycardia rate	9	9	6	8	9	7	8	8	7	7	6	5	9	7	8	8	6	8	A	+	
Table 5.4 Other Disorders	Genetic Disorders	191	• Congenital Long QT Syndrome • ICD for secondary prevention	8	9	6	5	9	7	9	7	7	8	9	8	7	7	7	8	6	7	A	+	
Table 5.4 Other Disorders	Genetic Disorders	192	• Congenital Long QT Syndrome • ICD for primary prevention	8	9	5	4	9	7	8	7	7	8	9	5	7	7	7	8	5	7	A	+	
Table 5.4 Other Disorders	Genetic Disorders	193	• Hypertrophic cardiomyopathy • Narrow QRS (<120 msec) • No standard bradycardia pacing indications	7	8	6	5	8	7	4	7	6	7	5	2	7	6	5	6	4	6	M		
Table 5.4 Other Disorders	Genetic Disorders	194	• Hypertrophic cardiomyopathy • Wide QRS (≥120 msec) • No standard bradycardia pacing indications	7	8	6	6	8	8	5	7	6	7	5	2	8	6	5	6	5	6	M		
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	195a	• QRS <120 msec • Sinus rhythm • NYHA Class I	1	1	3	1	1	2	1	1	1	1	1	2	1	2	1	1	1	1	R	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	195b	• QRS <120 msec • Sinus rhythm • NYHA Class II	1	1	3	1	1	2	1	1	1	1	1	3	1	2	1	1	2	1	R	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	195c	• QRS <120 msec • Sinus rhythm • NYHA Class III-amb IV	1	1	4	1	2	2	1	1	1	1	1	2	1	2	1	1	2	1	R	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	196a	• QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class I	5	4	3	5	4	4	5	5	5	6	5	2	4	6	5	5	3	5	M	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	196b	• QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class II	8	6	6	7	7	7	7	7	7	8	8	5	8	7	6	8	5	7	A		

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Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	196c	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	8	8	7	8	8	8	8	8	8	8	9	5	8	7	8	9	6	8	A	+			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	197a	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class I 	8	9	4	7	7	6	7	7	7	7	7	7	7	7	7	7	6	7	A	+			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	197b	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class II 	9	9	7	9	9	7	9	8	8	9	8	8	8	8	8	8	7	8	A	+			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	197c	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	9	9	8	9	9	9	9	9	9	9	9	8	9	8	9	9	8	9	A	+			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	198a	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	4	2	3	2	2	3	3	3	3	3	1	2	2	3	1	2	3	3	3	R	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	198b	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	2	2	5	4	2	3	4	3	3	3	6	6	1	3	2	2	5	3	3	R			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	198c	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	5	7	6	6	7	6	6	7	7	7	7	8	6	7	6	6	5	6	6	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	199a	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	5	5	3	3	3	5	4	4	4	6	4	5	4	3	3	2	4	4	4	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	199b	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	6	6	5	5	7	6	6	7	6	7	8	7	6	7	7	7	5	6	6	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF ≤30%	199c	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	6	7	6	7	8	7	7	7	7	8	9	8	7	8	9	8	6	7	7	A	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	200a	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class I 	1	1	3	1	1	2	1	2	1	1	1	2	1	1	1	1	1	1	1	1	R	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	200b	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class II 	1	1	3	1	1	2	1	2	1	1	1	2	1	1	1	1	1	1	1	1	R	+	
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	200c	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class III-amb IV 	1	1	4	1	1	2	1	2	1	1	1	2	1	1	1	5	2	1	1	R	+		

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	201a	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class I 	5	4	3	5	2	4	5	4	6	6	7	7	1	5	6	2	2	5	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	201b	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class II 	8	6	6	6	7	7	7	7	7	8	7	7	8	7	7	8	5	7	A	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	201c	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	8	8	7	7	8	8	7	8	8	8	9	7	8	7	8	9	6	8	A	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	202a	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class I 	6	9	4	7	2	6	7	4	7	6	7	7	1	5	7	9	4	6	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	202b	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class II 	9	9	7	8	8	7	9	7	7	9	7	8	9	8	8	2	7	8	A	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	202c	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	9	9	8	9	9	9	9	8	9	9	9	8	9	8	9	7	8	9	A	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	203a	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	3	2	3	2	2	3	3	3	3	3	1	4	1	3	2	2	1	3	R	+		
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	203b	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	2	2	5	3	5	2	3	3	3	3	6	5	1	3	2	6	4	3	R			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	203c	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	4	7	6	5	7	6	5	7	7	7	6	5	7	7	7	6	5	6	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	204a	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	4	5	3	3	2	5	4	3	5	6	5	7	1	3	6	6	2	4	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	204b	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	5	6	5	5	7	6	5	5	5	7	8	8	5	7	7	8	4	6	M			
Table 6.1 Ischemic Cardiomyopathy	LVEF 31-35%	204c	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	5	7	6	7	8	7	6	7	7	8	9	8	9	7	8	1	7	7	A	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	205a	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class I 	1	1	3	1	1	2	1	1	1	1	1	1	2	1	1	1	1	1	1	R	+	

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Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	205b	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class II 	1	1	3	1	1	2	1	1	1	1	1	2	1	1	1	1	2	1	R	+			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	205c	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class III-amb IV 	1	1	4	1	1	2	1	1	1	1	4	2	1	1	1	1	2	1	R	+			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	206a	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class I 	7	4	3	4	3	4	5	4	5	6	5	4	5	6	5	3	3	4	M				
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	206b	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class II 	8	6	6	6	7	7	7	7	7	8	8	7	7	7	7	7	8	5	7	A	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	206c	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	8	8	7	8	8	8	8	8	8	8	9	8	8	9	8	9	8	9	6	8	A	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	207a	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class I 	7	6	3	5	3	6	7	4	6	6	5	2	6	6	6	5	3	6	6	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	207b	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class II 	9	9	7	7	9	7	9	9	9	9	9	8	9	9	9	9	8	7	9	A	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	207c	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	9	9	8	9	9	9	9	9	9	9	9	8	9	9	9	9	8	8	9	A	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	208a	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	3	2	3	2	2	3	3	3	3	3	1	2	2	3	3	2	1	3	3	R	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	208b	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	4	2	3	4	2	3	4	3	4	3	5	5	2	3	3	2	4	3	3	R			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	208c	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	4	7	4	6	6	6	7	6	7	7	6	5	6	7	5	5	5	6	6	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	209a	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	4	5	3	3	4	5	5	5	5	6	5	6	5	6	3	2	3	5	5	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	209b	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	6	6	3	5	7	6	7	6	7	7	8	8	6	7	7	5	5	6	6	M			

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 6.2 Nonischemic Cardiomyopathy	LVEF ≤30%	209c	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	6	7	4	7	8	7	8	7	8	8	9	8	8	7	8	8	6	8	A	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	210a	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class I 	1	1	3	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1	1	R	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	210b	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class II 	1	1	3	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1	1	R	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	210c	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class III-amb IV 	1	1	4	1	1	2	1	1	1	1	1	2	1	1	4	5	2	1	R	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	211a	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class I 	7	4	3	4	3	4	6	5	5	6	6	8	5	6	6	5	4	5	M	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	211b	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class II 	8	6	6	6	8	7	7	6	7	8	6	8	7	7	6	5	6	7	7	A		
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	211c	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	8	8	7	8	8	8	7	6	8	8	8	8	8	8	9	8	9	6	8	A	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	212a	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class I 	7	6	3	5	3	6	7	5	6	6	5	8	6	6	7	7	5	6	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	212b	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class II 	9	9	7	7	9	7	9	6	7	9	6	8	9	9	8	7	7	8	8	A	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	212c	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	9	9	8	9	9	9	9	7	9	9	9	8	9	9	9	9	9	8	9	A	+	
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	213a	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	3	2	3	2	1	3	3	3	3	3	1	5	2	3	4	2	1	3	R	+		
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	213b	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	4	2	3	4	2	3	4	3	4	3	1	5	2	3	6	2	4	3	R			
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	213c	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	4	7	4	6	7	6	5	6	7	7	6	5	6	7	8	7	5	6	M			

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Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	214a	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class I 	4	5	3	3	3	5	4	5	4	6	5	8	5	6	6	2	3	5	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	214b	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class II 	6	6	3	5	6	6	5	6	5	7	6	8	6	7	6	2	5	6	M			
Table 6.2 Nonischemic Cardiomyopathy	LVEF 31-35%	214c	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	6	7	4	7	8	7	6	7	7	8	8	8	8	7	8	8	6	7	7	A	+	
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		215a	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class I-II 	1	1	3	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	R	+	
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		215b	<ul style="list-style-type: none"> • QRS <120 msec • Sinus rhythm • NYHA Class III-amb IV 	1	1	4	1	1	1	1	1	1	1	5	2	1	1	1	1	1	1	1	R	+	
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		216a	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class I-II 	4	1	5	3	3	3	4	5	4	4	5	2	1	4	2	1	1	3	R			
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		216b	<ul style="list-style-type: none"> • QRS 120-149 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	4	1	7	5	4	3	5	5	5	4	8	2	1	4	2	1	4	4	M			
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		217a	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class I-II 	6	3	6	4	3	4	5	5	4	6	7	2	1	6	3	1	2	4	M			
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		217b	<ul style="list-style-type: none"> • QRS ≥150 msec • LBBB • Sinus rhythm • NYHA Class III-amb IV 	6	5	9	6	4	4	6	5	5	6	9	5	1	6	3	1	5	5	M			
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		218a	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class I-II 	3	2	5	1	2	2	2	3	2	4	5	2	1	4	1	1	1	2	2	R	+	
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		218b	<ul style="list-style-type: none"> • QRS 120-149 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	3	2	6	2	4	2	2	4	3	4	3	2	1	5	1	1	3	3	R			
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		219a	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class I-II 	3	3	5	2	3	3	4	3	3	5	3	2	1	4	2	1	2	3	R	+		
Table 6.3.1 LVEF >35% of Any Etiology (ICD Indicated)		219b	<ul style="list-style-type: none"> • QRS ≥150 msec • Non-LBBB • Sinus rhythm • NYHA Class III-amb IV 	3	5	7	4	4	3	4	4	3	5	8	2	1	6	2	1	4	4	M			

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Table 6.3.2 LVEF ≤35% of Any Etiology	NYHA Class IV on Intravenous Inotropic Support	220	• QRS 120-149 msec • LBBB	5	5	9	5	6	6	3	6	5	5	8	8	5	7	4	6	6	6	M		
Table 6.3.2 LVEF ≤35% of Any Etiology	NYHA Class IV on Intravenous Inotropic Support	221	• QRS ≥150 msec • LBBB	6	6	9	7	6	6	4	6	6	6	9	8	7	8	5	6	7	6	M		
Table 6.3.2 LVEF ≤35% of Any Etiology	NYHA Class IV on Intravenous Inotropic Support	222	• QRS 120-149 msec • Non-LBBB	3	4	9	3	6	5	2	6	3	4	4	6	5	6	3	5	4	4	M		
Table 6.3.2 LVEF ≤35% of Any Etiology	NYHA Class IV on Intravenous Inotropic Support	223	• QRS ≥150 msec • Non-LBBB	3	5	9	5	6	6	4	6	3	6	5	8	5	7	3	5	5	5	M		
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF ≤35%	224a	• RV pacing anticipated ≤40% • NYHA Class I-II	4	5	3	4	4	6	2	6	3	6	5	2	6	5	1	1	3	4	M		
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF ≤35%	224b	• RV pacing anticipated ≤40% • NYHA Class III-amb IV	4	5	6	6	5	6	5	6	5	6	6	4	5	5	4	5	4	5	M	+	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF ≤35%	225a	• RV pacing anticipated >40% • NYHA Class I-II	7	8	7	7	7	7	7	6	7	8	7	8	8	8	6	7	6	7	A	+	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF ≤35%	225b	• RV pacing anticipated >40% • NYHA Class III-amb IV	9	8	9	9	8	9	8	8	8	8	8	9	8	8	7	8	7	8	A	+	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF >35%	226a	• RV pacing anticipated ≤40% • NYHA Class I-II	1	2	3	3	2	2	2	3	2	2	3	2	1	2	1	1	2	2	R	+	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF >35%	226b	• RV pacing anticipated ≤40% • NYHA Class III-amb IV	4	5	6	6	5	4	3	4	4	4	4	2	5	4	4	3	4	4	M	+	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF >35%	227a	• RV pacing anticipated >40% • NYHA Class I-II	6	6	6	5	4	4	6	5	5	6	5	5	5	6	3	4	4	5	M	+	

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Table	Subheading	#	Indication	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Median	Rating	Agree	Disagree	
Table 6.4 Preexisting or Anticipated RV Pacing With a Clinical Indication for ICD or Pacemaker Implantation	Intrinsic Narrow QRS, LVEF >35%	227b	<ul style="list-style-type: none"> RV pacing anticipated >40% NYHA Class III-amb IV 	6	6	9	7	7	6	7	6	6	6	6	6	6	6	4	6	5	6	M	+		
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing, LVEF ≤35%	228	<ul style="list-style-type: none"> QRS 120-149 msec LBBB 	5	7	8	4	7	7	5	7	5	7	8	5	7	7	7	7	5	7	A			
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing, LVEF ≤35%	229	<ul style="list-style-type: none"> QRS ≥150 msec LBBB 	6	8	9	5	8	8	7	8	7	8	9	6	8	8	5	8	6	8	A			
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing, LVEF ≤35%	230	<ul style="list-style-type: none"> QRS 120-149 msec Non-LBBB 	4	5	6	1	6	5	3	5	3	5	5	8	5	5	7	4	4	5	M			
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing, LVEF ≤35%	231	<ul style="list-style-type: none"> QRS ≥150 msec Non-LBBB 	5	8	7	3	7	7	6	7	6	8	8	6	7	7	7	7	5	7	A			
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing LVEF 36-50%	232	<ul style="list-style-type: none"> QRS 120-149 msec LBBB 	3	3	8	2	3	2	4	3	3	3	4	5	3	4	2	1	3	3	3	R		
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing LVEF 36-50%	233	<ul style="list-style-type: none"> QRS ≥150 msec LBBB 	4	5	9	3	5	4	5	5	3	3	6	3	5	5	4	3	4	4	4	M		
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing LVEF 36-50%	234	<ul style="list-style-type: none"> QRS 120-149 msec Non-LBBB 	3	2	6	1	2	1	3	3	3	5	4	5	2	4	1	3	2	3	3	R		
Table 6.5 Refractory Class III/IV CHF <3 months post revasc and/or ≤40 days post MI	No Other Indication for Ventricular Pacing LVEF 36-50%	235	<ul style="list-style-type: none"> QRS ≥150 msec Non-LBBB 	3	4	7	2	3	4	4	3	3	3	5	2	3	4	3	3	3	3	3	R		

# Appropriate	167
# May Be Appropriate	122
# Rarely Appropriate	80
Agreement	235
Disagreement	1
Neither + or -	133