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Indication	Appropriate Use Score (1-9)		
	Unexpected Angiographic Finding or No Prior Noninvasive Testing	Prior Testing = No Ischemic Findings	Prior Testing = Concordant ^a Ischemic Findings
FFR for Lesion Severity			
• Angiographically indeterminate severity left main stenosis (defined as 2 or more orthogonal views contradictory whether stenosis > 50%)	A(7)	A(7)	A(7)
• Nonobstructive disease by angiography (non-left main) < 50%	I(3)	1(2)	U(5)
• Angiographically intermediate disease (non-left main) 50% to 69%	A(7)	U(6)	A(7)
• Angiographically obstructive significant disease (non-left main) ≥ 70% stenosis	A(7)	A(7)	1(3)
IVUS for Lesion Severity			
• Angiographically indeterminate left main stenosis (defined as 2 or more orthogonal views contradictory whether stenosis > 50%)	A(7)	A(7)	A(7)
• Nonobstructive disease by angiography (non-left main) < 50%	I(3)	1(3)	U(6)
• Angiographically intermediate disease (non-left main) 50% to 69%	U(5)	U(5)	U(6)
• Angiographically obstructive significant disease (non-left main) ≥ 70% stenosis	U(4)	U(5)	1(3)
IVUS—Examination of Lesion or Artery Morphology			
• Coronary lesions or structures difficult to characterize angiographically (e.g., aneurysm, extent of calcification, stent fracture, stent apposition, stent expansion, dissections) or for sizing of vessel before stent placement			A(8)

^aConcordance refers to noninvasive imaging studies demonstrating evidence of abnormal myocardial perfusion that is in the same distribution as a coronary artery stenosis or degree of valvular disease that is similar to clinical impression.

From SCCT/SCMR/STS. 2012 Appropriate use criteria for diagnostic catheterization. *J Am Coll Cardiol.* 2012;59:1995-2027.

Abbreviations: A, appropriate; FFR, fractional flow reserve, I, inappropriate; IVUS, intravascular ultrasound; U, uncertain.

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