



**Tracking Form for Applicants for New Technology Add-on Payments under  
the Acute Inpatient Prospective Payment System (IPPS) for Federal Fiscal  
Year (FY) 2009**

1. Technology Name:
2. Manufacturer Name:
3. Trade Brand of Technology:
4. Brief Description of Service or Device:

**New Criteria**

Note: To qualify for a new technology add-on payment, the technology or service must not be reflected in the data used to establish the diagnosis related groups (DRGs).

5. Date of Food and Drug Administration (FDA) approval (or expected approval) for the device or service:
6. Was the product available on the market immediately after FDA approval? If not, please provide the date that the medical service or technology came on the market (i.e. first sales or availability) and an explanation for any delay (i.e. manufacturing issues, shelf life concerns or other reasons).
7. Does the technology have an International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure code(s) or is an application pending?
  - a. If yes, please provide the ICD-9-CM procedure code(s) used to identify the clinical procedure(s) with which the medical service and technology is used.
  - b. If there is no existing ICD-9-CM code that captures this new technology, please indicate whether you will be applying for a new code. (Refer to [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01\\_overview.asp#TopOfPage](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage) for more information.) We note that, if the product were to receive add-on payment status approval, it would need to be distinctly identifiable by ICD-9-CM code(s) in the MedPAR claims data in order to receive add-on payment.
8. Have you submitted an application for outpatient pass-through payments under the Medicare outpatient prospective payment system? If so, please provide the tracking

**(For the complete application requirements, please see the instructions at [http://www.cms.hhs.gov/AcuteInpatientPPS/08\\_newtech.asp#TopOfPage](http://www.cms.hhs.gov/AcuteInpatientPPS/08_newtech.asp#TopOfPage))**

**Note: The information provided on this tracking form will be made publicly available.**

number or, if it was approved, please provide the date of approval. (Please refer to [http://www.cms.hhs.gov/HospitalOutpatientPPS/04\\_passthrough\\_payment.asp#TopOfPage](http://www.cms.hhs.gov/HospitalOutpatientPPS/04_passthrough_payment.asp#TopOfPage) for more information.)

## **Cost Criteria**

Note: To qualify for a new technology add-on payment, the technology or service must result in average charges for cases using the technology in excess of the lesser of 75 percent of the standardized amount increased to reflect the difference between costs and charges or 75 percent of 1 standard deviation beyond the geometric mean standardized charge for all cases in the DRGs to which the new technology is assigned. Table 10 from the annual final rule lists the thresholds by DRG. The most recent version of Table 10 can be downloaded at: [http://www.cms.hhs.gov/AcuteInpatientPPS/08\\_newtech.asp#TopOfPage](http://www.cms.hhs.gov/AcuteInpatientPPS/08_newtech.asp#TopOfPage).

Provide the following information to demonstrate the technology or service meets the criterion.

8. What is the anticipated average standardized charge per case involving this new technology? For details how to standardize charges please refer to the technical appendix of the application form.
9. What is the total estimated cost per case for the service or technology (this will include all costs involved in the case, including the cost of the service or device)? What is the cost of the technology per patient? Please provide a breakdown how the cost of the technology is calculated (i.e. **Drugs**- Average dosage or number of units per patient (ml/kg/hr); **Devices**- breakdown of the cost of all components used in the new technology, clearly showing which components are the “new” ones).
10. List the diagnosis-related groups (DRGs) to which cases involving this new technology will most likely be assigned.
11. What is the anticipated volume of Medicare cases involving of this technology in FY 2009 (by DRG)?

## **Clinical Improvement**

Note: To qualify for a new technology add-on payment, the technology or service must represent a substantial clinical improvement over existing technologies or services

12. Please provide a short synopsis of the following clinical issues added to the new technology. Use the regular application to submit full details.
  - a. Briefly describe how the new service or technology represents a substantial clinical improvement over existing services or technologies:
  - b. List all published peer-review articles relevant to the new service or technology.

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