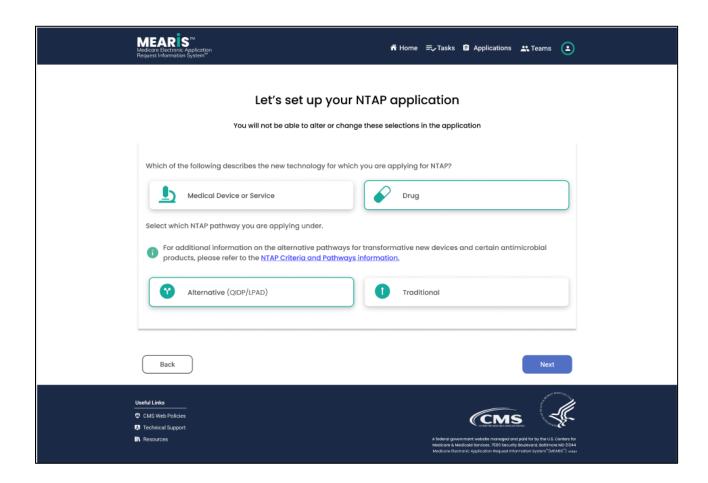
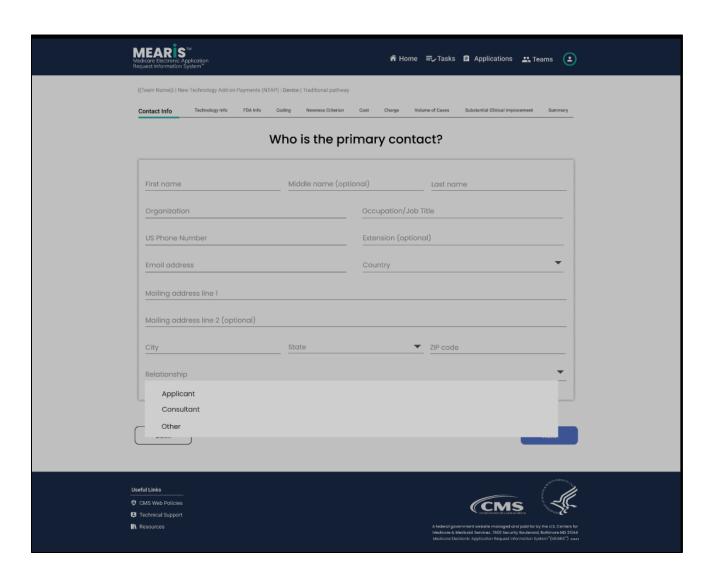
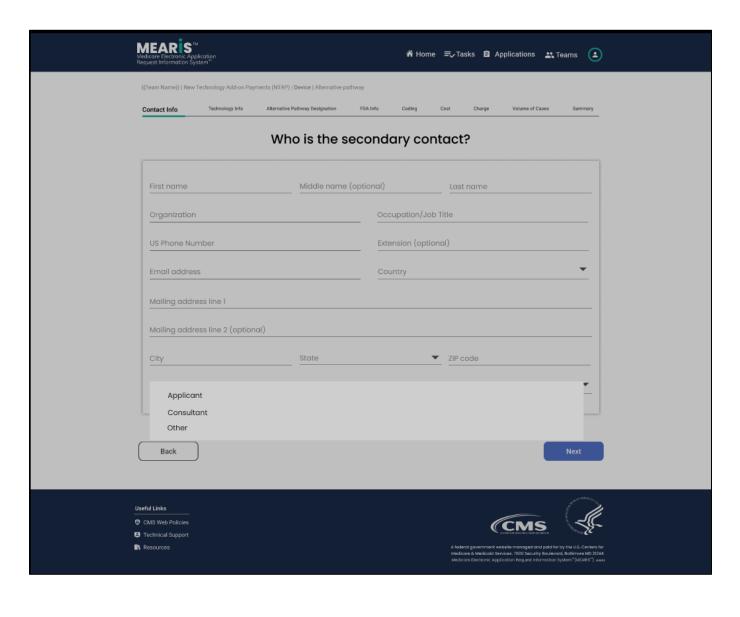
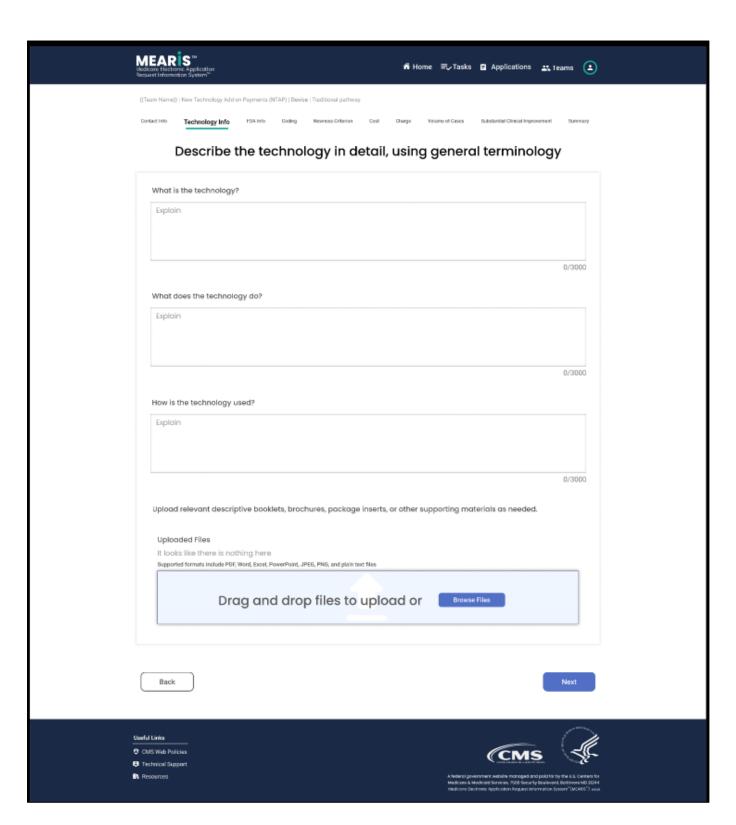
Application for New Medical Services and Technologies Seeking to Qualify for Add-On Payments Under the Hospital Inpatient Prospective Payment System for FY 2024

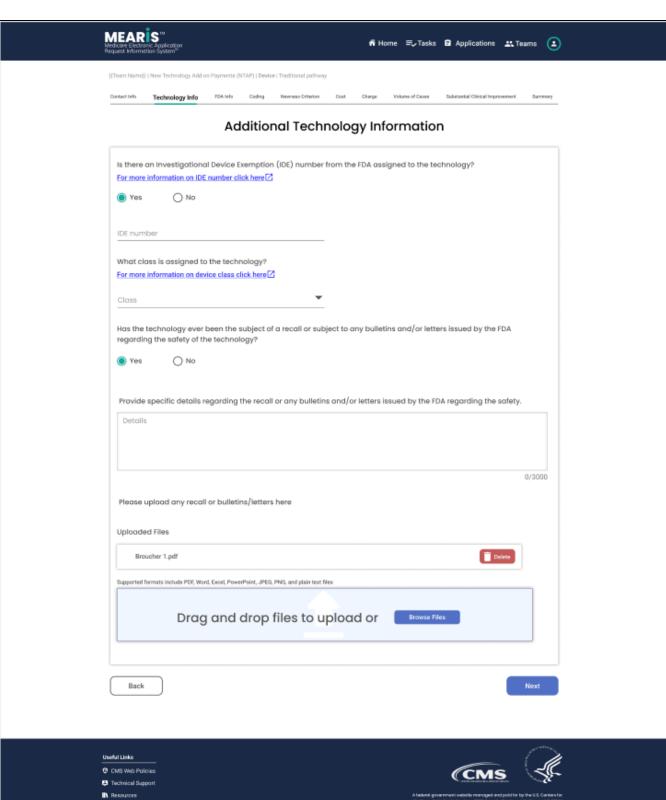


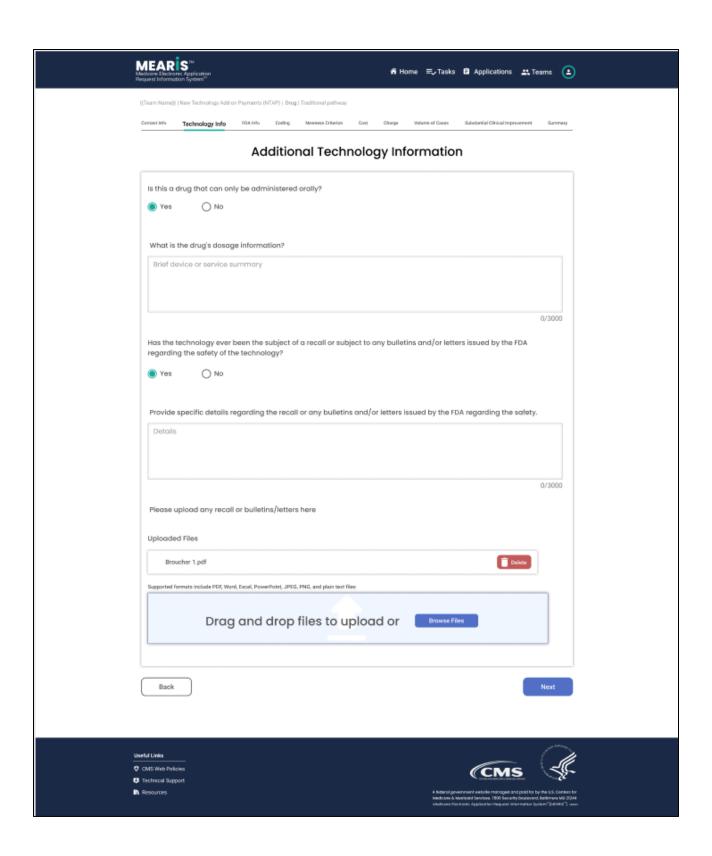


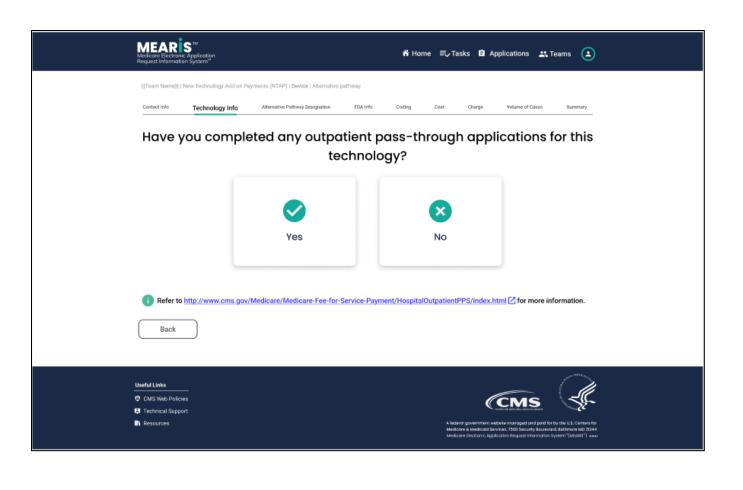


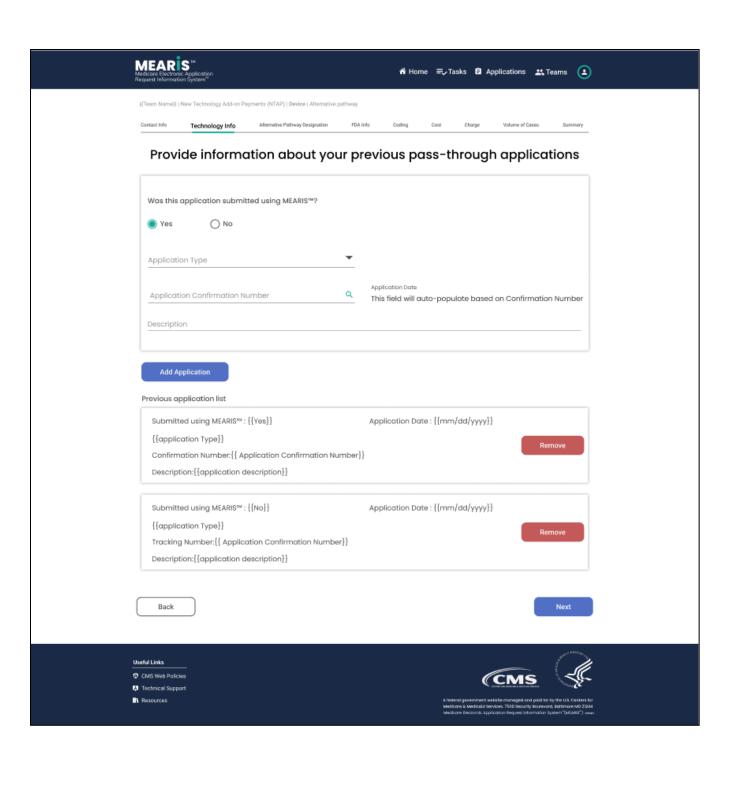
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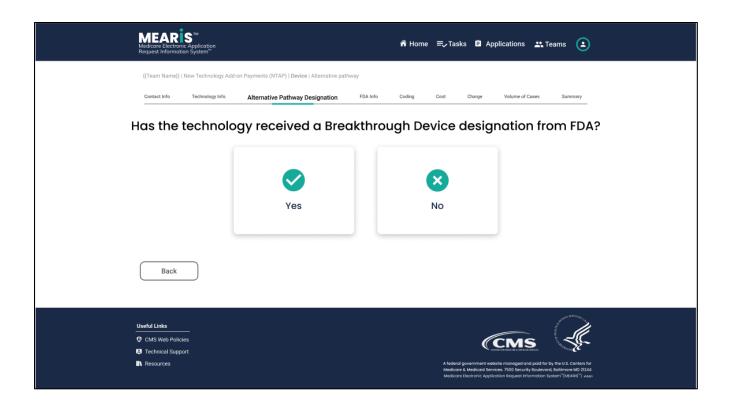


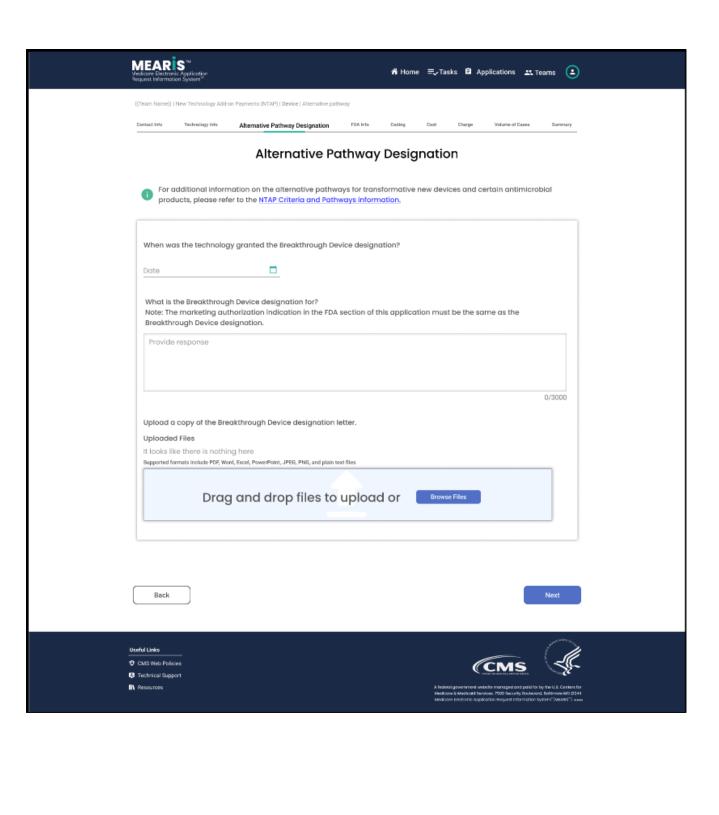


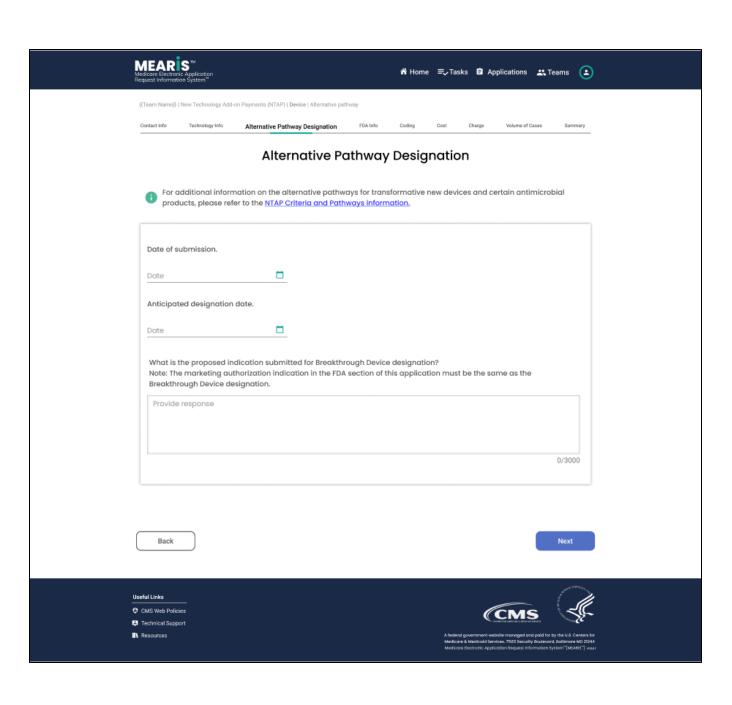


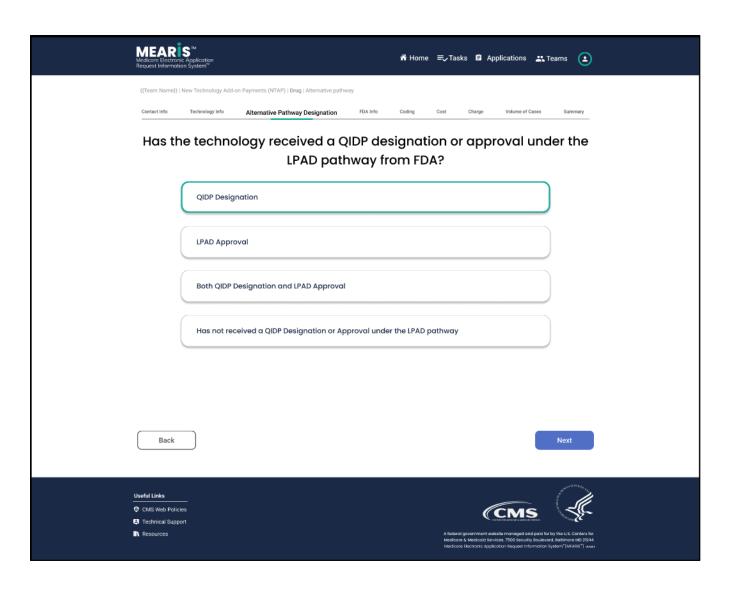


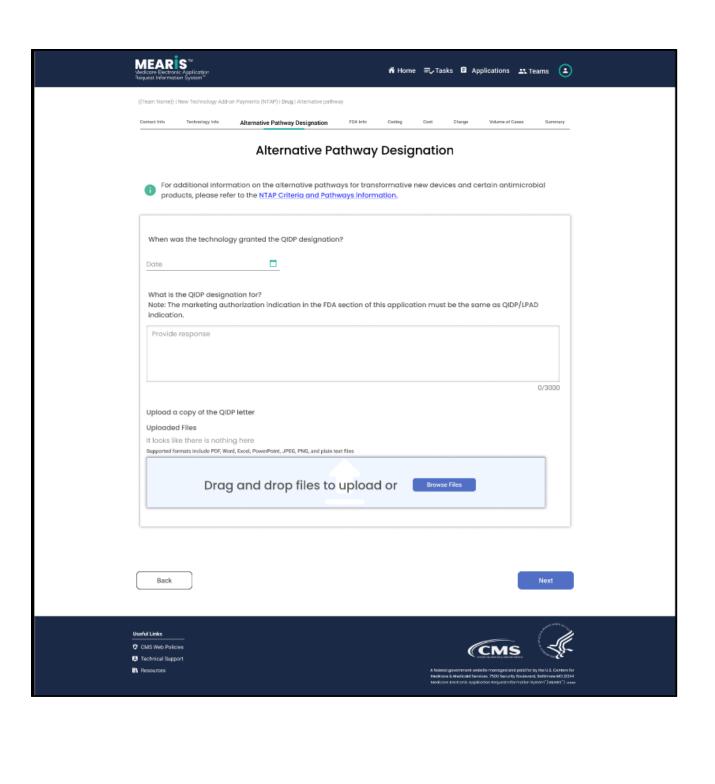


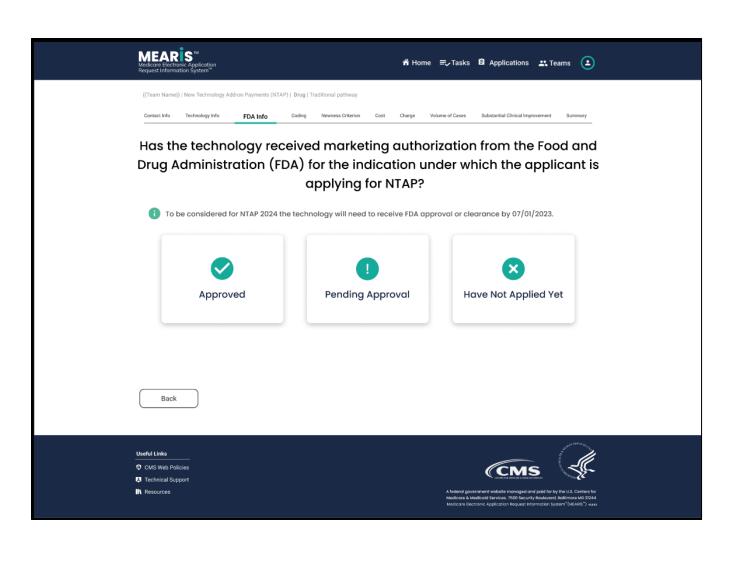


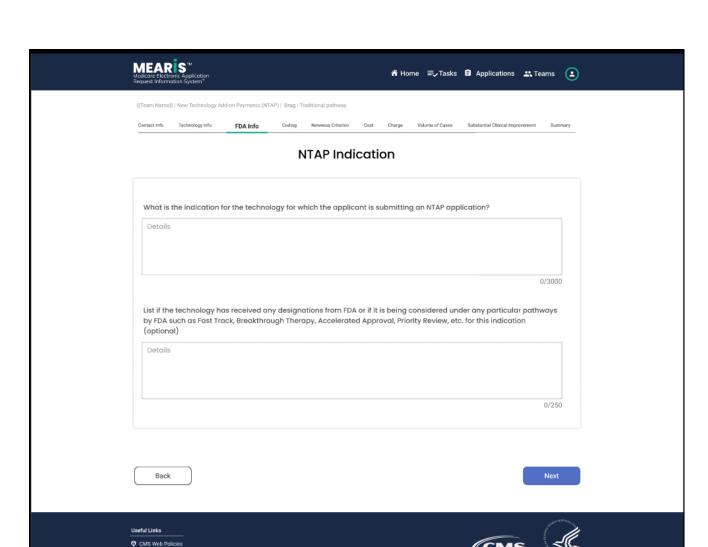




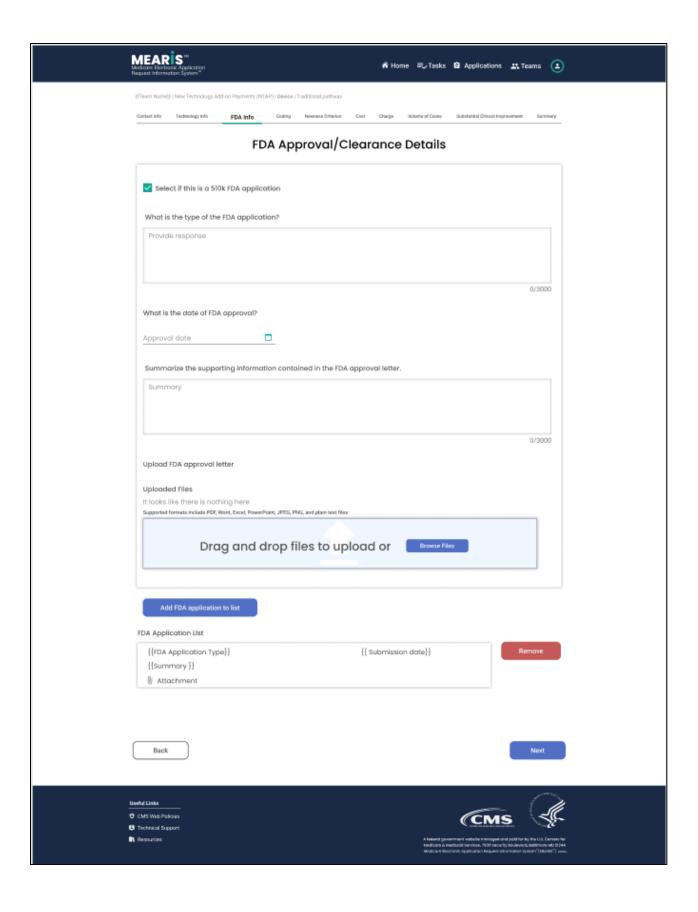


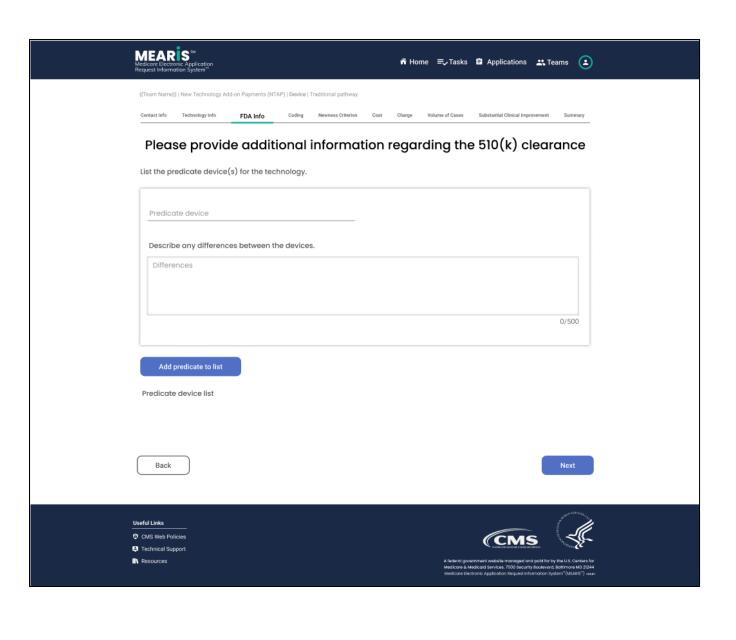


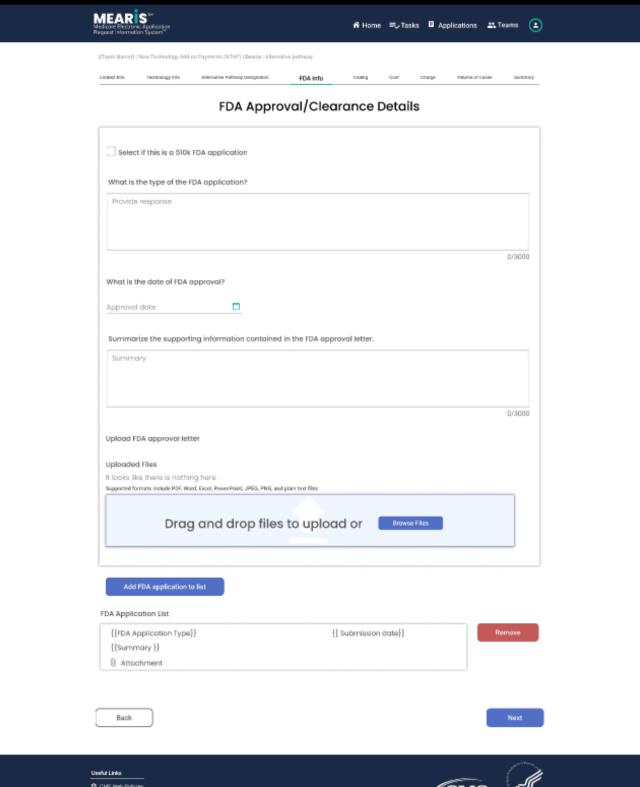




Technical Support

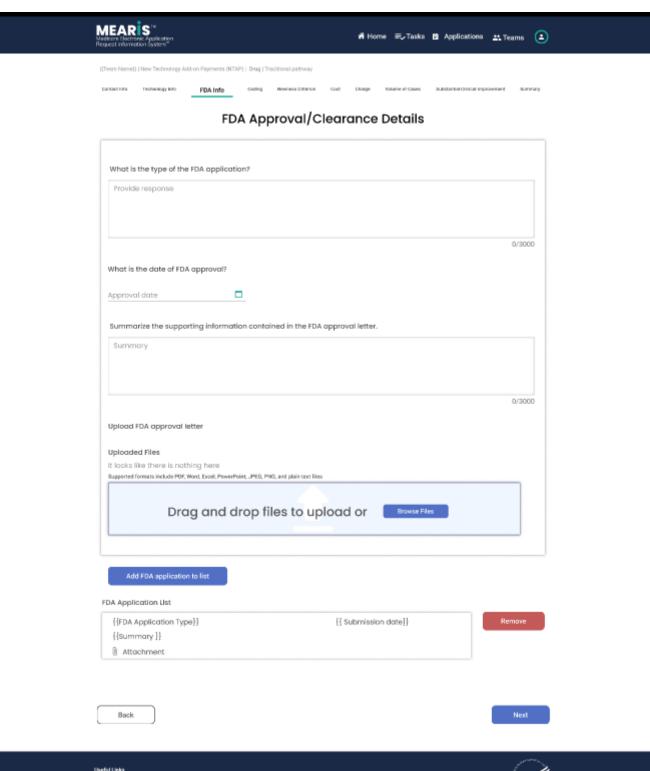




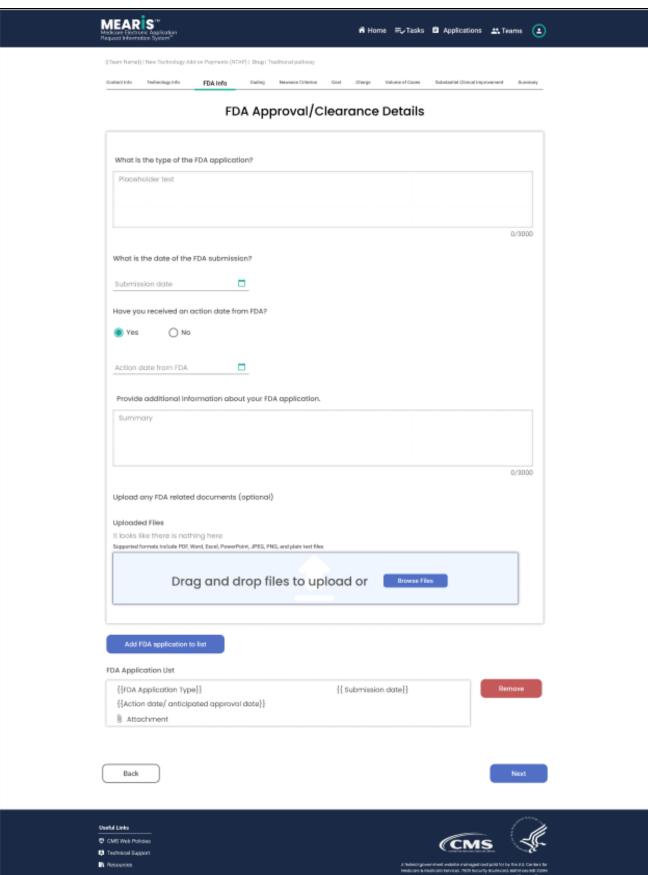




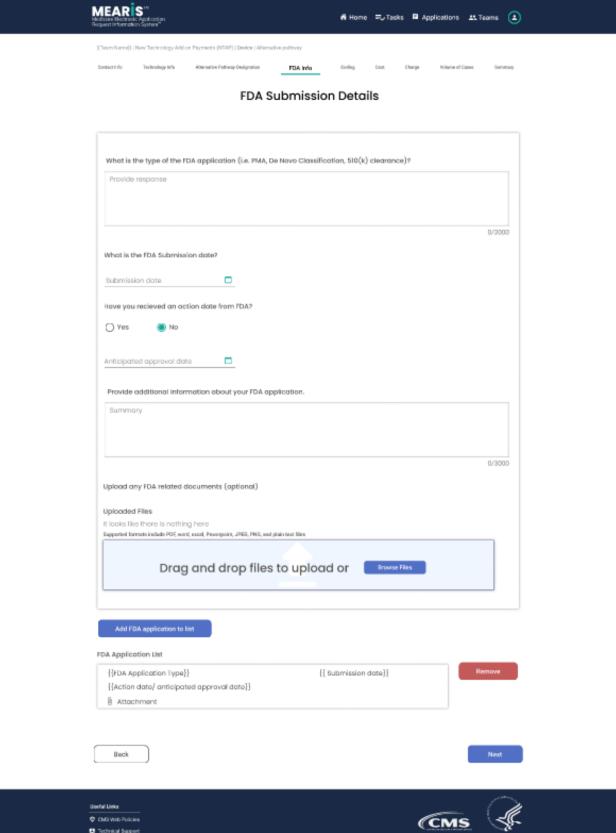






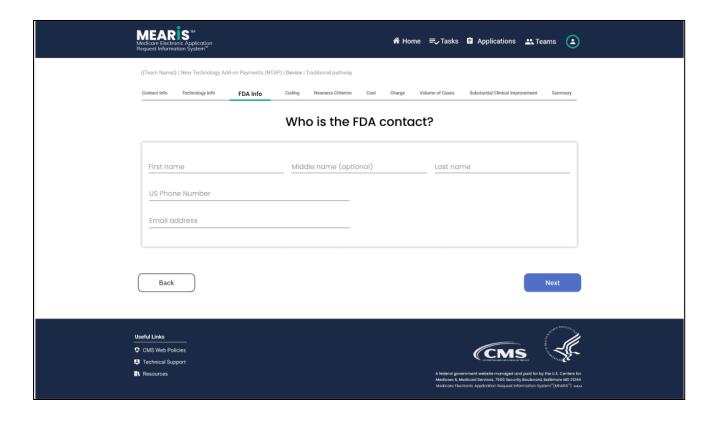


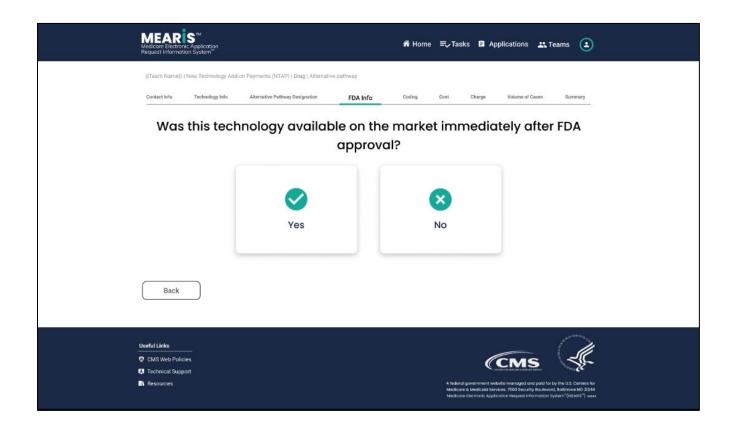


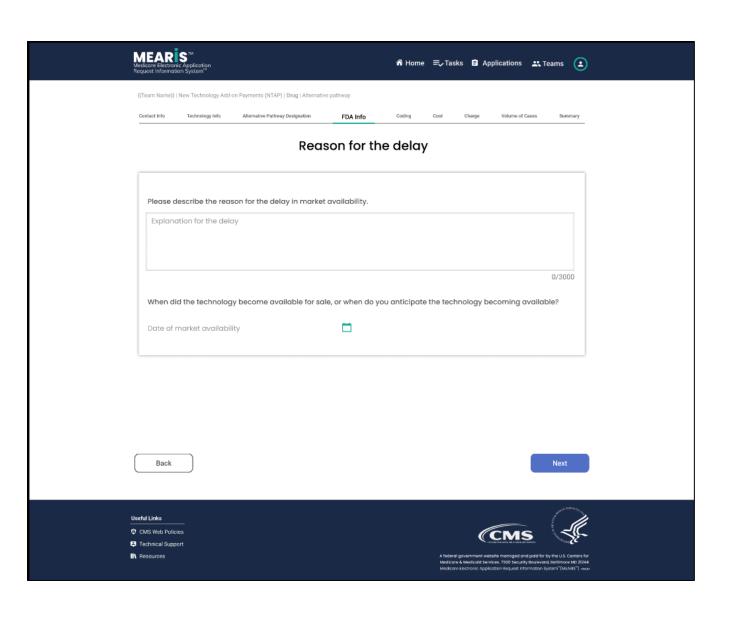


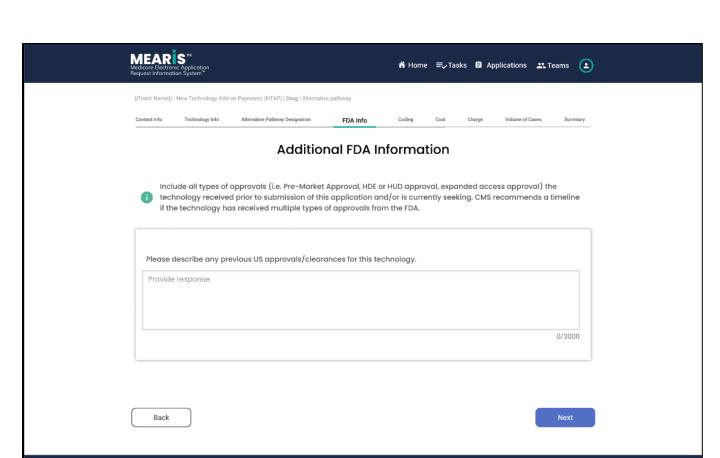












Useful Links

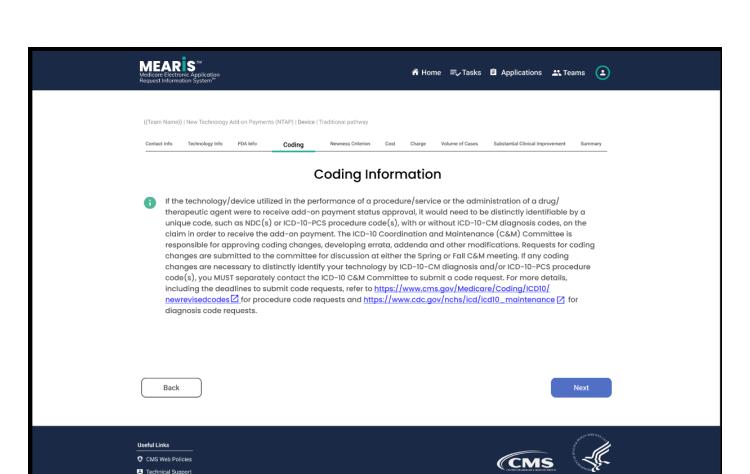
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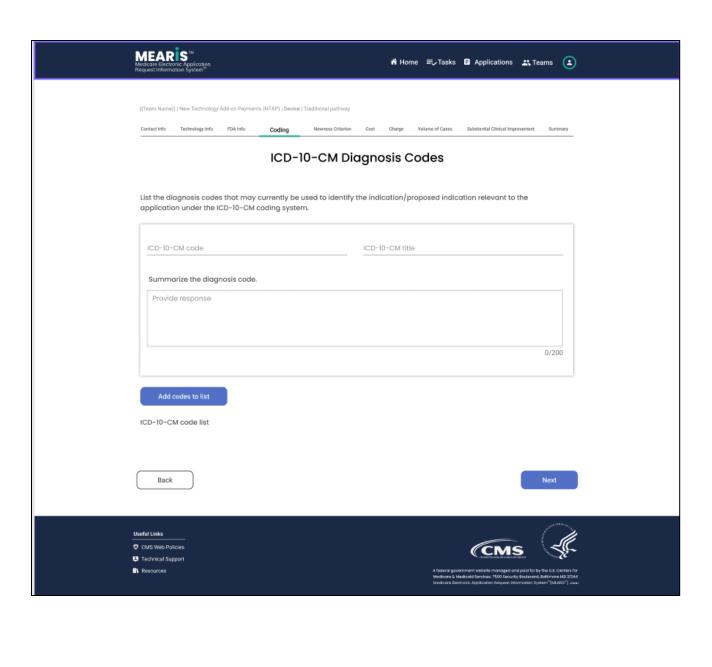
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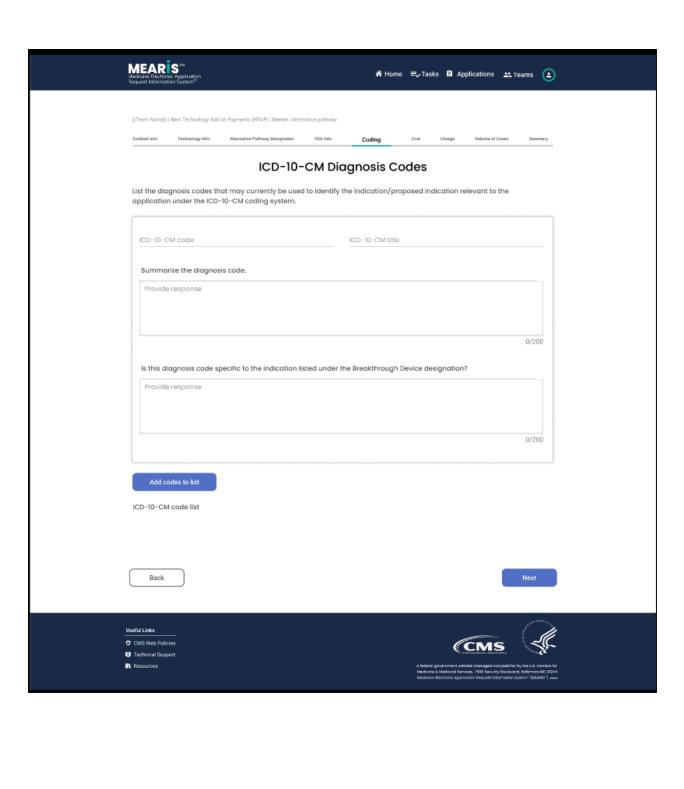
Resources

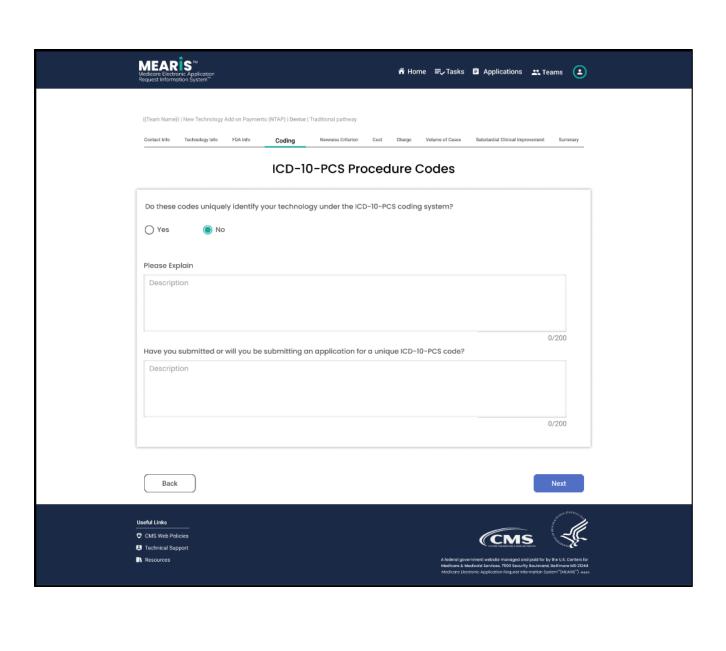


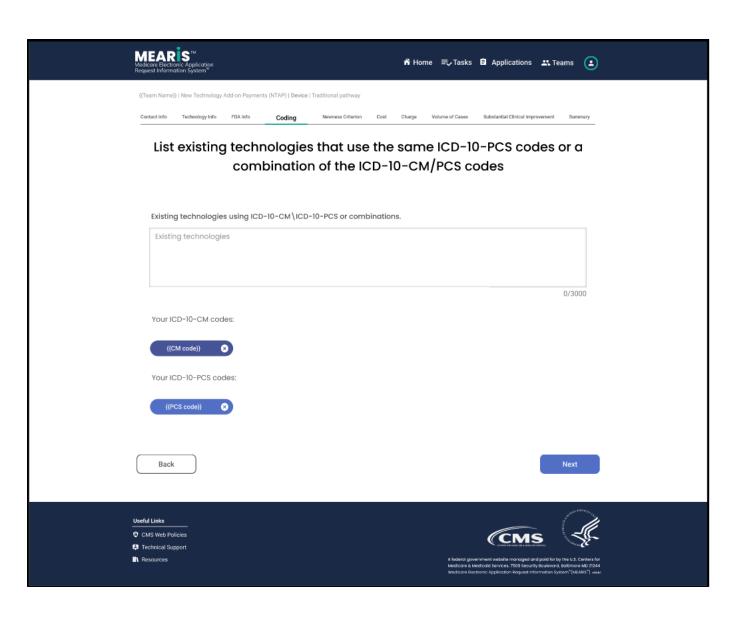
A tederal government website managed and pold for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Battimare MD 21244 Medicare Electronic Application Request information System**(MEARIS*)

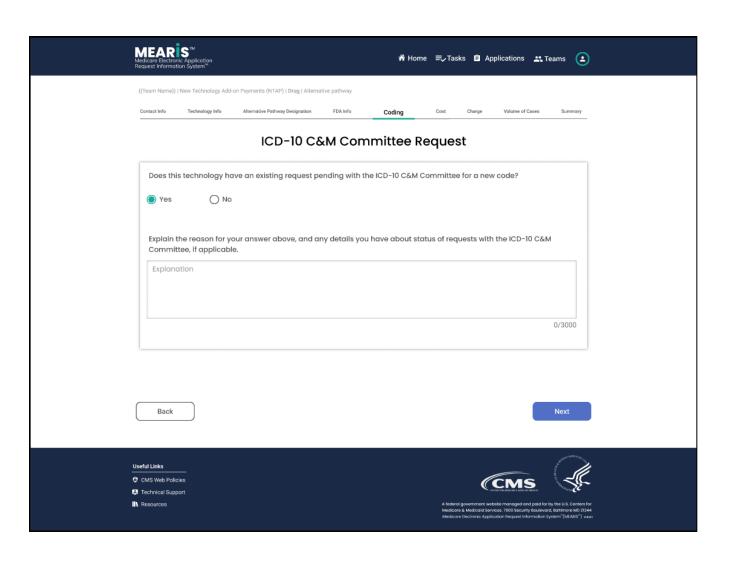


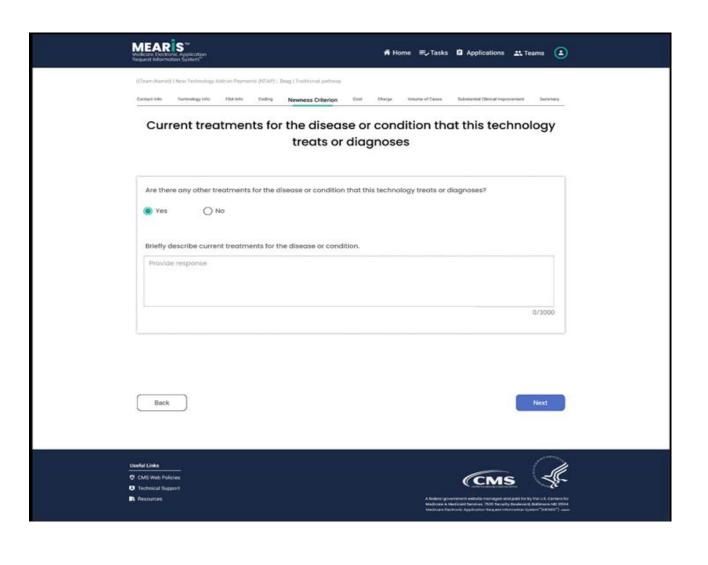














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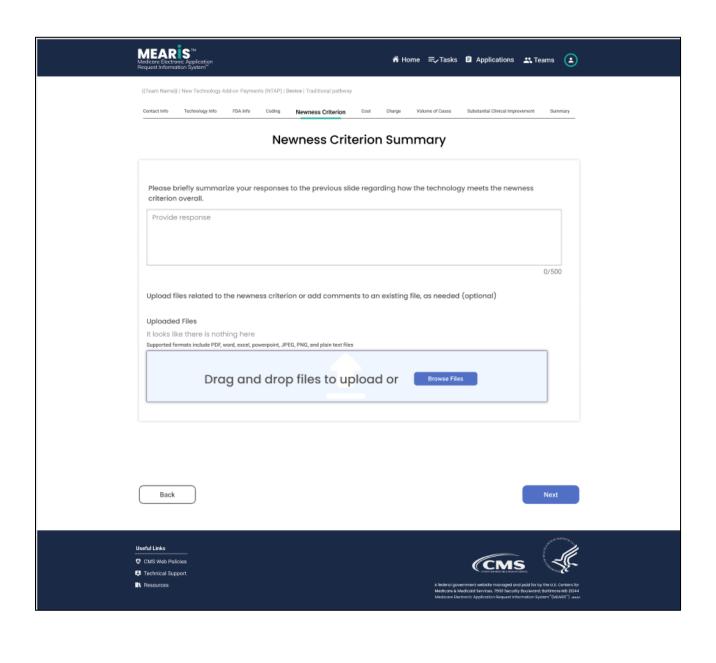
Substantial Similarity Criteria

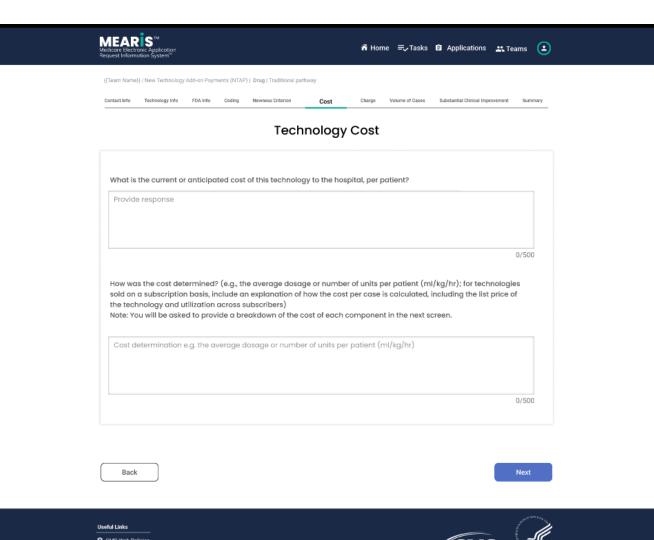
- To qualify for a new technology add-on payment, the technology or service must not be reflected in the data used to establish the Medicare-Severity Diagnosis Related Groups (MS-DRGs). CMS has established three substantial similarity criteria to determine if a technology is similar to an existing technology. (Refer to 70 FR 4735) through 47352 and 74 FR 43813 through 43814 for additional details.)
- A technology can be considered "new" as long as one of the three criteria are NOT met

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	the technology involve treatment of the same or similar type of disease and patient population to existing technology?





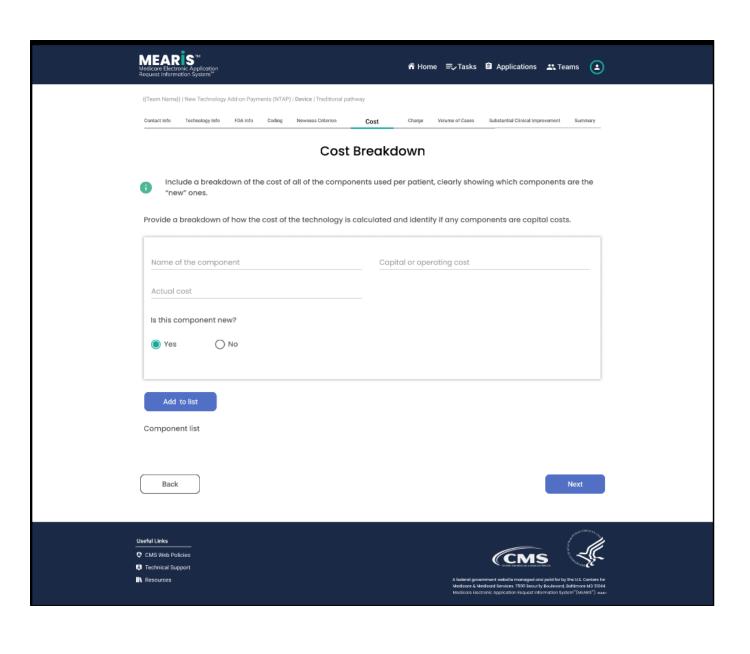


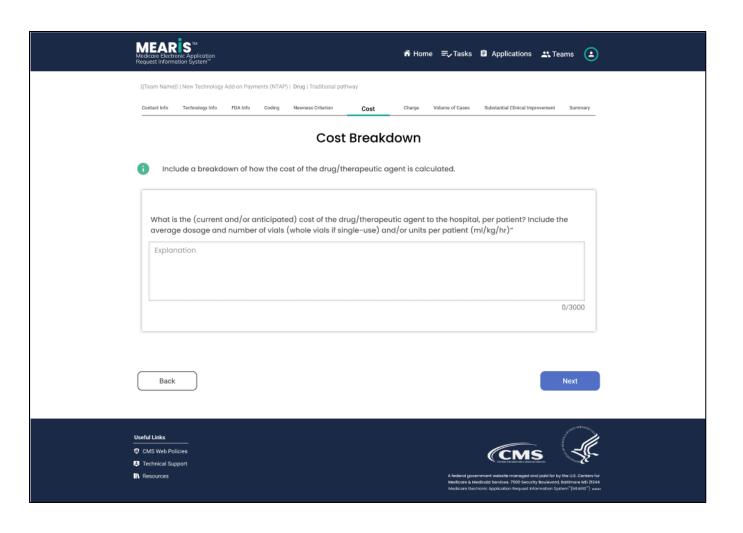


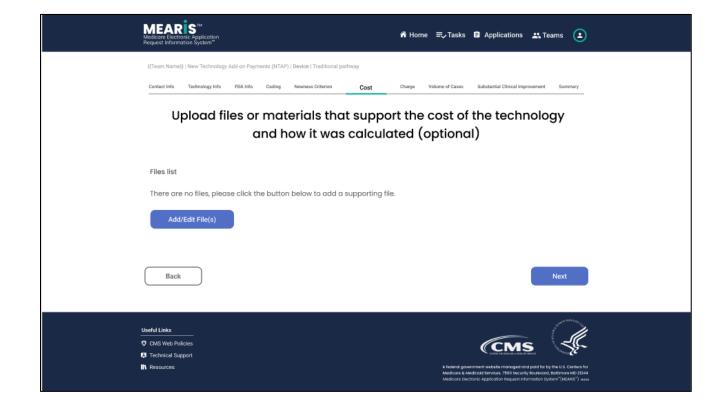


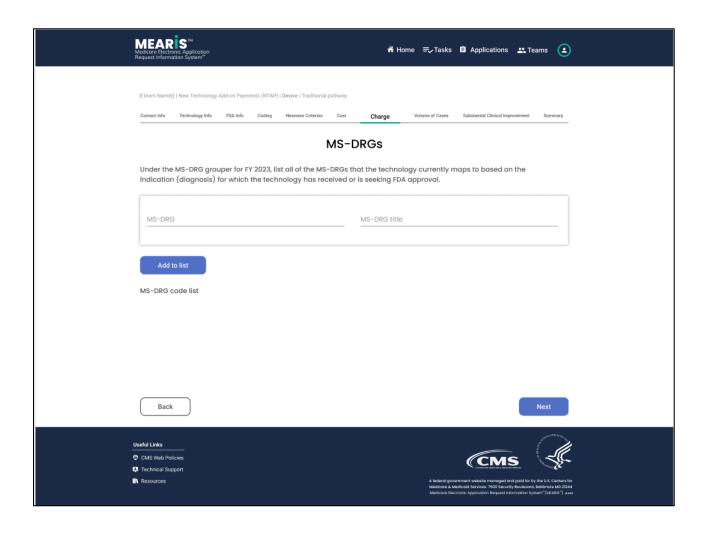


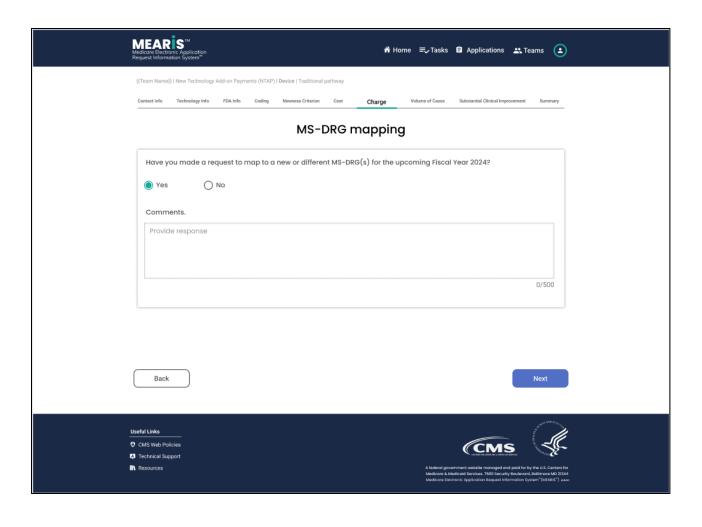












About Cost Criterion

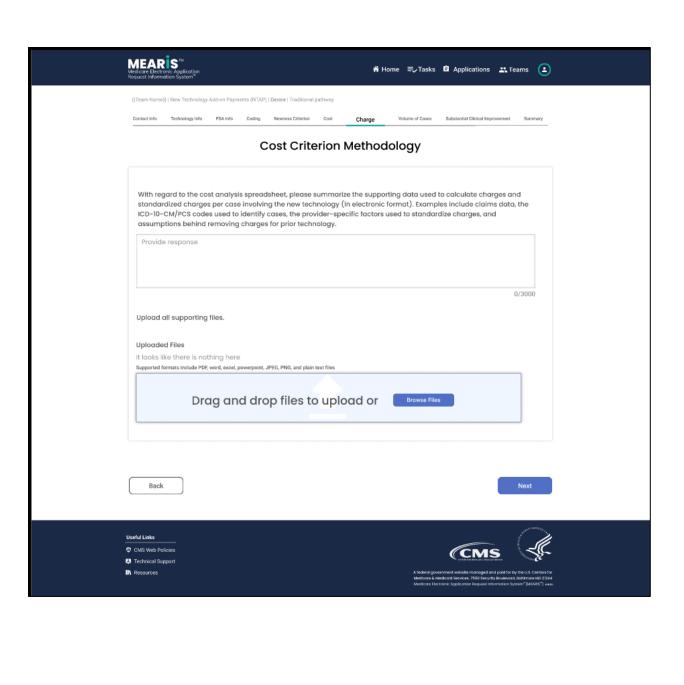


To qualify for a new technology add-on payment, the technology or service must result in average charges for cases using the technology in excess of the thresholds established with the release of the most recent annual IPPS final rule (lesser of 75 percent of the standardized amount increased to reflect the difference between costs and charges or 75 percent of 1 standard deviation beyond the geometric mean standardized charge for all cases in the MS-DRGs to which the new technology is assigned). The most recent version of the thresholds can be downloaded at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpotientPPS/newtech

Note: If the technology is proposed to be assigned to a proposed new MS-DRG in the upcoming annual IPPS proposed rule, then per the policy CMS finalized in the FY 2021 IPPS final rule, CMS uses the proposed threshold for the upcoming fiscal year for any proposed new MS-DRG to evaluate the cost criterion.

The inflation factor and cost center cost-to-charge ratios (CCRs) can be found in the "Cost Center CCR and inflation Factor" tab in the cost spreadsheet. The factors in the spreadsheet come from the most recent final rule (for example, for FY 2023 applications, these factors can be found in the FY 2022 Final Rule or FY 2022 Correction Notice). If the thresholds, cost center CCRs and/or inflation factor are updated in a correction notice, those values must be used instead.

Applicants should monitor the most recent final rule home page for the release of the correction notice, which usually occurs in September. (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS on and then click on the most recent final rule Fiscal Year home page on the left of the page; for example, FY 2023 Applications should click on the "FY 2022 IPPS Final Rule Home Page").



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Cost Analysis Methodology (column A to E)

for example, applicants must include the type of data used to calculate the average standardized charge (i.e. Medicare and/or non-Medicare, number of providers, time period from which data was collected) and/or the

or column A to E of the cost analysis spreadsheet, list a step by step explanation for sere determined.	how the data and calculations
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Unoful Links











|{Team Name(} | New Technology Add-on Payments (NTAP) | Device | Traditional pathway

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Cost Analysis Methodology (column F to J)

For example, applicants must include the type of data used to calculate the average standardized charge (i.e. Medicare and/or non-Medicare, number of providers, time period from which data was collected) and/or the inflation factor used to inflate the charges etc. An application is NOT complete without a complete step by step explanation of the applicant's charge methodology.

or column F to J of the cost analysis spreadsheet, list a step by step explanation for how the data ere determined.	and calculations
Average Charge Per Case (Unstandardized with No Case Weight)	
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. Average Charge Per Case (Unstandardized with Case Weight)	
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Remove Charges Related to the Prior Technology or Technology Being Replaced	
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[[Team hisms()] | New Technology Add-on Payments [NTAP] | Device | Traditional pathway

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Cost Analysis Methodology (column K to O)

For example, applicants must include the type of data used to calculate the average standardized charge (i.e. Medicare and/or non-Medicare, number of providers, time period from which data was collected) and/or the inflation factor used to inflate the charges etc. An application is NOT complete without a complete step by step. explanation of the applicant's charge methodology.

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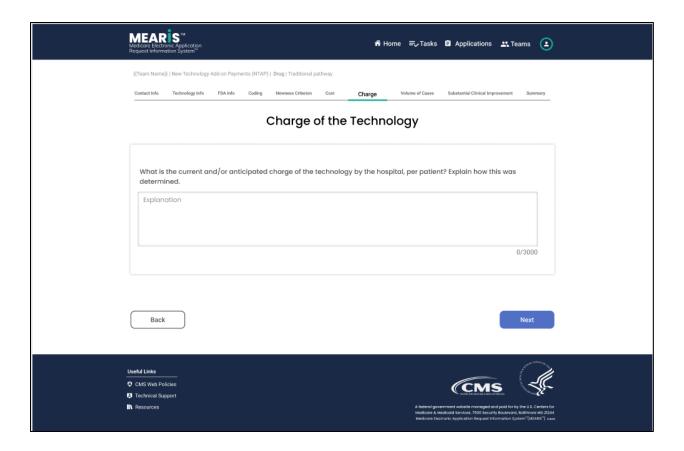












Upcoming Fiscal Year Anticipated Inpatient Medicare Volume

Please describe how you arrived at this estimate.

Determination details

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