



**IMPLANTABLE MEDICAL DEVICE (IMD)
AND NEW TECHNOLOGY SUBMISSION REQUEST**
AS REFERENCED IN HPG P&P 018

The following questions must be answered and requested information provided in order for HPG to evaluate and process any request to add a product that requires a premium price or is classified as a new technology product to contract. HPG will utilize this information in conjunction with the necessary clinical, technical and operational teams to facilitate a comprehensive evaluation and recommendation as to the acceptance of the submitted technology request.

Device Information

Manufacturer:	
Product Description:	
Product Codes Assigned to Device:	
Product List Price:	
If this product is replacing any current product(s) then provide the product(s) being replaced including product codes.	
If this product is NOT first to market, provide comparable product(s) offered from other manufacturers.	

Reimbursement Information (if applicable)

Please provide your company's reimbursement contact (include name, phone, address, email)	
Assigned DRG(s), APC and ICD-9 Codes	
In your company's opinion, will reimbursement be sufficient to offset all product costs in a government procedure (provide detailed response)?	
What is the expected patient mix for this product (govt to non-govt)?	
What efforts and resources has your company undertaken to ensure adequate DRG, APC assignment and reimbursement (provide detailed response)?	
Will this product be used in an outpatient setting?	

Clinical Or Technical Information

Please provide your company's clinical or technical contact (include name, phone, address, email)	
Please provide a listing of the recent clinical or technical trials to support this product. Summarize the trial endpoints and whether they achieve statistical significance.	
Describe the clinical or technical attributes of the proposed product and how your company views it's clinical or technical benefits.	
Does your company identify certain clinical or technical characteristics/features as unique to other products in existence presently on the market? If so explain. (Be specific to what vendor product is in like category)	



Are there specific staff and/or physician training protocols associated with the product either mandated by the FDA or developed by your company exclusive of FDA requirements?	
Provide the FDA's Instruction/Indications For Use, Patient Education and other pertinent information associated with product use, in hospital and post-discharge.	
Is any hardware equipment or supplies required to use this product that is sold separately? Please describe. Does the hardware require a lease or purchase or a set number of supplies to be purchased initially in lieu of hardware purchase/lease?	
Will this product impact the length of stay? If so, how?	

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HPG Reimbursement Overview:

HPG Clinical/Technical Overview:

Recommendation for Contract:

 YES

 NO

Recommendation Overview: