

**NEW MEDICAL TECHNOLOGY REQUEST
APPLICATION FORM**

Name of Requesting Physician: _____

Must be completed by Requesting Physician:

Do you or a member of your immediate family have any ownership or investment interest in the manufacturer, distributor and/or seller of the requested New Medical Technology? If yes, please explain:

Do you or a member of your immediate family receive any type of compensation from the manufacturer, distributor and/or seller of the requested New Medical Technology? If yes, please explain:

Do you or will you receive any discounts, business courtesies or free goods or services from the manufacturer, distributor and/or seller of the requested New Medical Technology in consideration of your use and/or promotion of this New Medical Technology? If yes, please explain:

Physician's Signature: _____ Date: _____

Please provide the following information (questions 1 thru 10 should be completed by the physician and questions 11 thru 18 should be completed by the clinical director):

Name of Department Director: _____

Signature: _____ Date: _____

Facility: _____

The New Medical Technology has been endorsed by the Department of _____
Date _____ (Required before submission of application)

1. Describe the requested procedure/technology/therapy. _____

2. What is the current therapeutic modality or similar devices being used at Methodist?

3. Has this technology already been adopted/endorsed by a recognized specialty body (ACC, ASGE, etc)? Please identify. _____

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4. Is it proven technology? (Supported by well conducted randomized controlled trials or well conducted cohort studies—provide URL's or attach documentation). _____

5. Please list or attach any related patient selection criteria, including indications for use ("IFU's"), if applicable. _____

6. How is this procedure/technology/therapy different/more effective than the current modality?

7. What are the relative risks/benefits of the new procedure/technology/therapy? _____

8. What are the expected outcomes? (Delineate all clinical quality indicators to include in metrics)

9. What continuing medical education courses will this procedure/technology/therapy require prior to its use? Describe the training required by the physician in order to use the new technology. _____

10. Please outline and attach the qualifications/privileges criteria for safe use of the procedure/technology/ therapy. _____

11. What specialized departmental training (including nursing staff and other clinicians) will be required to use this technology? Who will do the training?

12. Projected monthly utilization across the System. _____

13. Other resources required (e.g. radiology, surgical backup, ICU bed requirement, respiratory therapy, etc.) _____

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14. Nature of the technology:

- Same or Similar Technology.**
 Replacement Technology

If so identify the technology by providing:

_____	Product/Device
_____	Manufacturer
_____	Catalog Number
_____	SAP # (If available)
_____	Procedure Code/Charge Master Code

New Technology

Please provide for technology being considered:

_____	Product/Device
_____	Manufacturer
_____	Catalog Number
_____	Cost of Product/Device

15. Date of FDA Approval _____ (Attach copy of Approval Letter)

If "Substantially Similar Device" check box and attach copy of FDA 510K Approval Letter []

16. Specify the **new/additional** procedures/services that will be utilized in connection with this technology.

Inpatient~

Proc Code /DRG	<u>Description</u>	Est Volume per <u>Procedure</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outpatient~

Proc Code/CPT	<u>Description</u>	Est Volume per <u>Procedure</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Specify the estimate of LOS.

- LOS for Same/Similar/Replaced Existing Technology.
 LOS for Proposed Technology

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18. If the new procedure/technology/therapy requires a capital expenditure, a financial review will need to be performed. This review should be coordinated through your Hospital's Chief Financial Officer prior to submission of this request. Thus the capital for the new procedure/technology/therapy would be approved and funding committed for this capital prior to submission for New Medical Technology review. Please anticipate the time frame of 60 to 90 days for the completion of the review.

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