

Internal Benefit Review Committee (IBRC) New Technology

The IBRC reviews health services to determine if there is a sufficient body of evidence and makes coverage determinations, which could include an enhancement, reduction, or elimination to the Medicaid program. Please complete the form and submit it to EBBRAC@health.ny.gov. The IBRC will review the form to determine if an internal decision can be made or if the topic requires review from the Evidence Based Benefit Review Advisory Committee (EBBRAC).

Contact Information

Requestor (Full Name):	Date:
Company/Organization:	Job Title:
E-mail Address:	Phone:

Request

Technology Type (procedure, device, biological, etc.):	Code: (CPT, HCPS, Procedure Code)
Technology Description:	
Justification for Coverage:	

NYS DOH Internal

Do not complete the field below. **For NYS DOH personnel only.**

Assigned to:	Assigned Date:
Status of Review (indicate priority level):	
Reviewer Recommendation:	
Medical Director Decision:	Date:
Notes:	