SERVICE/TECHNOLOGY/PROCEDURE ASSESSMENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 905 (Rev. 3-2023)

Clear Fields

NORTH DAKOTA MEDICAID
SERVICE/TECHNOLOGY/PROCEDURE ASSESSMENT EVALUATION CRITERIA

This form is to seek ND Medicaid's approval for additional codes.
The service/technology/procedure must have final approval from the appropriate government regulatory bodies.

- A device, drug or biological product must have Food and Drug Administration approval to market for those specific indications and methods of use that North Dakota Medicaid is assessing.

- Approval to market refers to permission for commercial distribution. Any other approval that is granted as an interim step in the FDA regulatory process, e.g., as Investigational Device Exemption, is not sufficient.

- A procedure identified by a valid CPT/HCPCS code.

The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.

- The evidence should consist of well-designed and well-conducted investigations published in peer-reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.

- The evidence should demonstrate that the service/technology/procedure can measure or alter the physiological changes related to a disease, injury, illness or condition. In addition, there should also be evidence or a convincing argument based on established medical facts that such measurement or alteration affects the health outcomes.

- Opinions and evaluations by national medical associations, consensus panels or other service/technology/procedure assessment evaluation bodies are evaluated according to the scientific quality of supporting evidence and rationale.

The service/technology/procedure must improve the net health outcome.

- The services/technology's/procedure's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.

The service/technology/procedure must be as beneficial as any established alternatives.

- The service/technology/procedure should improve the net heatlh outcome as much as or more than established alternatives.

NORTH DAKOTA MEDICAID
SERVICE/TECHNOLOGY/PROCEDURE ASSESSMENT DOCUMENTATION

Provider/Group		Telephone Number	
Address	City	State	ZIP Code
Employer/organization you work for			

1. Describe the service/technology/procedure you are requesting to be reimbursed by ND Medicaid. Include all applicable codes.
2. Describe the ND Medicaid beneficiaries (i.e. age, condition, gender, etc.) who will be impacted by this service/technology/procedure.
3. Estimate how many ND Medicaid beneficiaries in your oganization will be impacted by this service/technology/procedure.
4. List the types of providers who would be qualified to provide this service/technology/procedure and their licensures or certification, if applicable.
5. Estimate how many providers will use this service/technology/procedure.
6. Estimate the yearly volume of use for all ND Medicaid beneficiaries for this services/technology/procedure.
7. Describe how you have reached out to similar organizations to determine that this need is not specific to your organization.
8. Describe how the service/technology/procedure will improve the health or health outcomes of ND Medicaid beneficiaries.
9. Provide any peer-reviewed references that support the need for this service/technology/procedure to be reimbursed by ND Medicaid.
10. What professional organizations, consensus panels, or other recognized bodies have evaluated the service/technology/procedure?
11. Describe the fixed and variable costs of this service/technology/procedure.
12. Describe any cost savings for using this service/procedure/technology compared to currently used alternatives.
13. Describe if and how other third-party payers reimburse for this service/technology/procedure.

14. Do you or anyone in your organization have a financial interest in this service/technology/procedure? If yes, explain.

*Attach any additional documentation if neccessary

Please return this assessment to:

Medical Services - Policy Director
ND Department of Health and Human Services
600 E. Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250
Fax: (701) 328-1544
Email: dhsmed@nd.gov