SERVICE, TECHNOLOGY, OR PROCEDURE ASSESSMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 905 (04-2026)

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NORTH DAKOTA MEDICAID
SERVICE, TECHNOLOGY, OR PROCEDURE ASSESSMENT EVALUATION CRITERIA

This form is to seek ND Medicaid's approval for adding service, technology, or procedure codes to its coverage. Please fill out this form in its entirety or as completely as you are able.

- A device 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, example: as Investigational Device Exemption, is not sufficient.
- Identify procedures with their valid CPT/HCPCs codes.

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 or 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 or procedure assessment evaluation bodies are evaluated according to the scientific quality of supporting evidence and rationale.

The service, technology or procedure must improve the net health outcome.

- The services, technology's or 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 or procedure should improve the net health outcome as much as or more than established alternatives.

NORTH DAKOTA MEDICAID
SERVICE, TECHNOLOGY, OR PROCEDURE ASSESSMENT DOCUMENTATION

Name of Submitter		Date Submitted	
Submitter Address	City	State	ZIP Code
Email Address		Telephone Number	
Employer or Organization You Work For or Represent			

1. Describe the service, technology or procedure you are requesting to be reimbursed by ND Medicaid. Include all applicable codes.

2. Describe the ND Medicaid beneficiaries, example: age, condition, gender, who will be impacted by this service, technology or procedure.

3. Estimate how many ND Medicaid beneficiaries in your organization will be impacted by this service, technology or procedure.

4. List the types of providers who would be qualified to provide this service, technology or procedure and their licenser or certification, if applicable.

5. Estimate how many providers will use this service, technology, or procedure.

6. Estimate the yearly volume of use for all ND Medicaid beneficiaries for this services, technology, or 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, or 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, or procedure to be reimbursed by ND Medicaid.

10. What professional organizations, consensus panels, or other recognized bodies have evaluated the service, technology, or procedure?

11. Describe the fixed and variable costs of this service, technology, or procedure.

12. Describe any cost savings for using this service, technology, or procedure compared to currently used alternatives.
13. Describe if and how other third-party payers reimburse for this service, technology, or procedure.
14. Do you or anyone in your organization have a financial interest in this service, technology or procedure? If yes, explain.

*Attach any additional documentation if necessary

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