NORTH DAKOTA MEDICAID
SERVICE/TECHNOLOGY/PROCEDURE ASSESSMENT

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 service/technology/procedure 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 service/technology/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 health outcome as much as or more than established alternatives.

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Provider			Telephone Number
Address	City	State	Zip Code
Employer/Organization you work for			

1. Description of the service/technology/procedure that you are requesting to be reimbursed by ND Medicaid. All applicable codes must be included.

2. Description of the ND Medicaid beneficiaries (i.e. age, condition, gender, etc.) that will be impacted by this service/technology/procedure.

3. How many ND Medicaid beneficiaries do you estimate in your organization will be impacted by this service/technology/procedure?

4. What is the estimated yearly volume of use for all ND Medicaid beneficiaries for this service/technoology/procedure?

5. Describe how you have reached out to similar organizations to determine that this need is not specific to your organization.

6. Describe how this service/technology/procedure will improve the health or health outcomes of ND Medicaid beneficiaries.

7. Provide any peer-reviewed references that support the need for this to be reimbursed by ND Medicaid.

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

9. Describe the fixed and variable costs for this service/technology/procedure.

10. Describe any cost savings for using this service/procedure/technology compared to alternatives currently being used.

11. Describe if and how other third-party payers reimburse for this service/technology/procedure.

12. Do you or anyone in your organization have a financial interest in this service/technology/procedure?

* Attach any additional documentation if necessary.

Please return this assessment to:

Medical Services - DHSMED@ND.GOV
ND Department of Human Services
600 E. Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250
Fax: (701) 328-1544