



**Northwood Participating Provider Manual**  
**For**  
**Security Health Plan of Wisconsin, Inc. Program**



*June 1, 2022*

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# Northwood

## KEY CONTACTS DIRECTORY

Provider Relations

[provideraffairs@northwoodinc.com](mailto:provideraffairs@northwoodinc.com)

Claims

[claims@northwoodinc.com](mailto:claims@northwoodinc.com)

Utilization Management

[northwoodUM@northwoodinc.com](mailto:northwoodUM@northwoodinc.com)

Quality Assurance

[qualityassurancegroup@northwoodinc.com](mailto:qualityassurancegroup@northwoodinc.com)

Compliance

[compliance@northwoodinc.com](mailto:compliance@northwoodinc.com)

Anonymous FWA reporting at 833-770-0007 or  
[www.lighthouse-services.com/northwoodinc](http://www.lighthouse-services.com/northwoodinc)

**OFFICE HOURS**  
**FOR PROVIDER INQUIRIES:**  
Monday-Friday  
8:30 a.m. - 5:00 p.m. (CST)

**CLAIMS/INQUIRIES:**  
Northwood, Inc.  
ATTN: Security Health Plan Claims  
P.O. Box 510  
Warren, MI 48090-0510

## **Provider Portal**

<https://providerportal.northwoodinc.com>

**Provider/Member Inquiry Line:**  
**Provider Inquiry Fax:**  
**Business Line:**  
**Business Fax:**  
**Website:**

**866-532-1344**  
**866-483-9988**  
**586-755-3830**  
**586-755-3733**  
[www.northwoodinc.com](http://www.northwoodinc.com)



## INTRODUCTION

Northwood, Inc. (Northwood) is the exclusive contracted administrator of Durable Medical Equipment (DME), Prosthetic and Orthotic (P&O) devices and Medical Supplies (DMEPOS) for Security Health Plan of Wisconsin, Inc. (Security Health Plan).

This updated information supersedes all previous Northwood Provider Manuals pertaining to this Plan. The information contained in this Provider Manual will assist you when providing DMEPOS to Security Health Plan members.

Northwood's Participating Supplier Agreement and Security Health Plan's Vendor Subcontractor Affiliation Agreement require network providers to adhere to Northwood's Policies and Procedures. Policies and Procedures include, but are not limited to:

- Northwood's Security Health Plan Program Fee Schedule
- Assignment for All Services Provided By Your Company
- Authorization
- Member Billing
- Claims Processing
- Quality of Service/Member Satisfaction
- Provider Allows Northwood/Security Health Plan (Commercial, Security Administrative Services, BadgerCare and Advocare) and Family Health Center to Use Provider's Performance Data
- 24-Hour Emergency Service

## SECTION I - BENEFIT/COVERAGE CRITERIA

Northwood administers Security Health Plan's DMEPOS Program for all plan members in accordance with Security Health Plan's benefits and the policy guidelines detailed below:

- Covered DMEPOS benefits for Security Health Plan members must be obtained from and provided by a Northwood contracted provider.
- Providers may not subcontract services to other providers without the consent of Northwood.
- Benefit criteria may vary by employer group, policy, and applicable riders.
- Equipment, supplies and services provided under the program are based upon the most medically appropriate and cost-effective, standard item(s). For example, this includes prefabricated items versus those that are custom made.
- Shipping, handling, and sales tax are not eligible for separate reimbursement, nor can they be billed to the member.
- All services must be prior-authorized (except in emergencies as further set forth described herein).
- Providers should contact Northwood for medical criteria questions. Medical policy criteria are available to providers by contacting Northwood.

### PROVIDER RESPONSIBILITIES PRIOR TO RENDERING EQUIPMENT OR SUPPLIES

Prior to providing equipment or supplies, the provider is responsible for obtaining and verifying all necessary information, including the following:

- Verify member eligibility for each date of service.
- Review for appropriateness and cost effectiveness.
- Documentation to support the medical need for customized services.
- Confirming that equipment is to be provided in the member's home or qualifying place of residence. With a few exceptions, this program does not generally cover equipment provided in a hospital or skilled nursing facility.
- Other Coordination of Benefits (COB) information (auto liability, workers compensation, etc.)

## DELIVERY TIMELINES

Northwood requires providers to:

- Provide covered equipment (excluding custom fitting or design services) on the same day services are authorized, unless the request is received after 12:00 PM.
- Provide orders received after 12:00 PM within 24 hours.
- Have on-call servicing available 7 days a week and 24 hours a day for respiratory and other necessary services.
- Deliver covered emergency services to member's place of residence (or hospital pending discharge) within 2 hours of receipt.
- Provide emergency services requested outside of Northwood's regular operating hours and obtain authorization within the next two (2) business days. (See Section II Authorization).

## ASSIGNMENT - NONDISCRIMINATION

Northwood providers are required to:

- Provide covered equipment and supplies to Security Health Plan members in the same manner, quality and promptness as services that are provided to other customers, including after-hours and emergency servicing.
- Accept assignment on covered equipment or supplies routinely provided by the provider to Security Health Plan members.
- Render equipment and supplies in a manner consistent with professionally recognized standards of health care.

## EQUIPMENT AND SUPPLIES NOT NORMALLY CONSIDERED A COVERED BENEFIT, INCLUDING DELUXE PRODUCTS/UPGRADES

- Member health care benefits are determined by the structure of their benefit package. All requests must be sent to Northwood for review and determination.
- Although benefit exceptions are rarely made by the applicable plan, circumstances may warrant approval. Therefore, *all equipment and supply items*, including those that are normally considered "not a covered benefit" must be reviewed in accordance with plan policy.

- Security Health Plan has established a process with Northwood to ensure consistency in the review and approval/denial of equipment and supplies that are excluded benefits due to;
  - Diagnosis
  - Higher grade equipment
  - Replacement frequency
  - Not being considered medical in nature
- If a requested service normally considered “not a covered benefit” is accompanied by a physician’s order, it must be forwarded to Northwood for case review.
- All requests for services and medical review must be processed through Northwood. Do not forward requests directly to Security Health Plan or deny service to the member prior to case review.
- It is the responsibility of the provider to inform the member that there are standard products available that meet Security Health Plan’s policy.
- If applicable, based on the member’s benefits/cost-sharing, a member must be advised of his/her estimated payment responsibility and the provider must obtain the member’s signed consent indicating he or she has been informed of his or her responsibility for any outstanding balance.
  - This must take place prior to ordering a product or before a product is delivered.
  - SHP Medicare Advantage and Medicare Medical Savings Members may not sign a CMS Advance Beneficiary Notice (ABN) Form. Rather, an Organization Determination (prior authorization) must be requested prior to service. SHP Medicare Members are not liable for payment unless there has been a pre-service organization determination.

### **SHIP ADVANTAGE AND MEDICARE MEDICAL SAVINGS PROGRAMS**

The SHP Advantage and Medicare Medical Savings Programs combine Medicare Parts A and B into Part C. Both programs provide all Medicare-covered benefits to eligible Members and may add additional benefits not covered by Medicare. These may include preventive services, prescription coverage (Part D), vision and dental coverage, etc. DMEPOS services are administered as follows:

- Members may have varying levels of member liability/cost-sharing (coinsurance, deductible, etc.) for DMEPOS services.
- Services not listed on the Authorization Exclusion List must be prior authorized by Northwood (as with any other line of business).

- Northwood providers are required to accept assignment for SHP Advantage and Medicare Medical Savings covered services.
- Medicare documentation and billing requirements must be followed for SHP Advantage and Medicare Medical Savings members.
- Providers must obtain organization determinations for SHP Advantage and Medicare Medical Savings Members. Refer to Equipment and Supplies Not Normally Considered a Covered Benefit (above).

**There will be no payment to the provider by Northwood when the provider fails to follow the Case Review process detailed above. Additionally, members may not be charged for services when providers fail to follow the above process. Please see the "Hold Harmless" Section (5.5) of the Participating Supplier Agreement and Section (C) and (E) of the Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.**

### OXYGEN EQUIPMENT

The following oxygen requirements apply for all Security Health Plan members:

- The minimum manufacturer oxygen output concentration level at any flow rate must be 87%.
- The concentrator must have a built-in continuous flow analyzer feature with automatic sensor alarm.
- The concentrator must have, at a minimum, a five-year manufacturer warranty.
- All Security Health Plan business lines follow Medicare guidelines and payment policies for oxygen rental and caps at 36 months (SHP BadgerCare follows ForwardHealth guidelines).

### ARRANGING OXYGEN FOR TRAVELING MEMBERS

When a Security Health Plan member uses oxygen and travels outside the local area for a period of less than 30 days, the Northwood provider should assist the member by making arrangements with another supplier to provide temporary oxygen services consistent with the type of services currently provided by the Northwood provider.

- The member may not be held financially responsible for oxygen equipment or contents under this travel policy (applicable coinsurance applies).
- For travel exceeding 30 days, the Northwood supplier is expected to assist the

member with making arrangements with another supplier for oxygen equipment, stop billing and pick-up oxygen equipment from the member until they return to the local area.

- Northwood providers are required to pick-up and re-deliver oxygen equipment to reasonably accommodate the member's travel itinerary and to meet the member's oxygen needs.
- Northwood/SHP will only reimburse one supplier for oxygen during any month.

### **3-MONTH SUPPLY ORDERS**

For Commercial and Advantage Members receiving the standard quantity (or pre-authorized over-quantity) of supplies, providers may obtain authorization and dispense up to a 3-month order for the following;

- Ostomy supplies.
- Urological supplies.
- Disposable nebulizer supplies.
- PAP supplies.

***Please Note: Member's may choose to receive supplies monthly, due to member liability/cost-sharing, space limitations, etc. SHP BadgerCare (Medicaid) Members may only receive supplies monthly.***

### **CPAP/BIPAP**

The following Positive Airway Pressure (PAP) requirements apply for all Security Health Plan members:

- The PAP device must include, as standard equipment, integrated heat and humidification. To further clarify, as a standard feature included under HCPCS E0601, the CPAP should incorporate in-built or all-in-one heat and humidification. Examples of such CPAPs are available upon request.
- The PAP device must have, at a minimum, a 2-year manufacturer warranty.
- A Northwood authorization is required for CPAP/BIPAP Equipment. Northwood will issue an initial 3-month rental authorization if the member meets the medical necessity guidelines. The provider must submit a request to Northwood within 30 days from the end of the 3-month compliance period with all applicable documentation.

- An authorization is also required for supplies dispensed with an initial CPAP/BIPAP set-up.
- Medicare documentation requirements must be followed for members. Medicaid documentation requirements must be followed for BadgerCare/Medicaid members.
- Providers have 2 business days following delivery/set-up of PAP equipment to request a supply change to an initial set-up authorization. Such requests should include the specific code relative to the type of mask/nasal application supplied, if it was unknown prior to set-up.
- Subsequent supply orders for the following services do not require authorization for members but are subject to quantity/frequency limitations (while the supply frequencies noted below are per month – neither per month nor 3-month supply orders for Commercial and Advantage Members require an authorization as outlined and following the ‘Authorization Exclusions List’ section below. Medicaid members are only allowed monthly supply amounts):

HCPCS	Description	Commercial/Medicare	Medicaid
A7031	Interface replacement for a full mask	1 per month	1 per 3 months
A7032	Cushion for nasal mask, replacement	2 per month	1 per 3 months
A7033	Pillow for nasal cannula type, replacement, pr.	2 per month	1 per 3 months
A7035	Headgear	1 per 6 months	1 per 3 months
A7030	Full Face Mask	1 per 3 months	1 per 3 months
A7034	Mask	1 per 3 months	1 per 3 months
A7027	Combination Oral/nasal mask	1 per 3 months	1 per 3 months
A7028	Oral cushion for combo mask, replacement	2 per month	1 per 3 months
A7029	Nasal pillows for combo mask, replacement, pr	2 per month	1 per 3 months
A7037	Tubing	1 per 3 months	<b>2 per 3 months</b>
A7044	Oral mask	1 per 3 months	<b>Not Covered</b>
A7046	Water Chamber	1 per 6 months	<b>4 per month</b>
A4604	Heated Tubing	1 per 3 months	<b>Not Covered</b>
A7038	Disposable Filters	2 per month	<b>2 per month</b>
A7039	Permanent Filters	1 per 6 months	1 per 3 months
A7036	Chin Strap	1 per 6 months	1 per 3 months

## SECTION II - AUTHORIZATION

Northwood must review all equipment and supply requests to determine coverage. Northwood makes all approval and initial denial determinations. Coverage is based upon the member's benefit document.

Prior authorization is required for all Security Health Plan member services with the exception of equipment or supplies requested and provided after regularly scheduled Northwood business hours due to urgent/emergent situations (see After-Hours Retrospective Authorizations). In addition, prior authorization is not required for SHP member services included on the Authorization Exclusions List.

- Urgent/emergent situations are defined as situations where a member's physical condition is such that imminent or serious consequences could result to the member's health or, if in the opinion of the physician, the member would be subjected to severe pain if a DMEPOS request is processed within the routine decision-making time frame.

### AUTHORIZATION EXCLUSIONS LIST

The following services do not require prior authorization for SHP members (coverage and limits still apply). Noncovered items and quantities greater than the allowed require an Organization Determination (authorization) in order to bill the member:

Description	Diagnosis Exempt
<b>Ostomy and Urological supplies (except for NOC codes and A4331)</b>	<b>C26.0, G82.54, G04.1, G82.20, G82.21, G82.22, G83.4, N31.0, N31.1, N31.2, N31.9, R33.9, R39.14, R32, N39.42, Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6</b>
<b>Nebulizer w/compressor (E0570) and disposable supplies (A7003, A7005, A7015) PURCHASED*</b> *Rental Nebulizers require an authorization. **Note: Provider may only dispense the A7003 OR A7005 as these are same/similar. These codes cannot be utilized together.	<b>A15.0, A22.1, A37.01, A37.11, A37.81, A37.91, A48.1, B20, B25.0, B44.0, B59, B77.81, E84.0, J09.X1, J09.X2, J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1-J10.83, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, J11.82, J11.83, J11.89, J12.0-J12.3, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29-J16.0, J16.8, J18.0, J18.1, J18.8, J18.9, J40, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, -J44.1, J44.9, J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998, J47.0, J47.1, J47.9, J60, J61, J62.0, J62.8, J63.0, J63.1, J63.2, J63.3, J63.4, J63.5, J63.6, J64, J65, J66.0, J66.1, J66.2, J66.8, J67.0, J67.1, J67.2, J67.3, J67.4, J67.5, J67.6, J67.7, J67.8, J67.9, J68.0, J68.1, J68.2, J68.3, J68.4, J68.8, J68.9, J69.0, J69.1, J69.8, J70.0, J70.1, J70.2, J70.3, J70.4, J70.5, J70.8, J70.9, Q33.4, T86.00 T86.01, T86.02, T86.03, T86.09, T86.10, T86.11, T86.12, T86.13, T86.19, T86.20, T86.21, T86.22, T86.23, T86.290, T86.298, T86.30-T86.33, T86.39-T86.43, T86.49, T86.5, T86.810-T86.812, T86.818, T86.819, T86.830-T86.832, T86.838, T86.839, T86.850- T86.8, T86.858-T86.892, T86.898-T86.93, T86.99</b>
<b>PAP supply refills:*</b>	<b>G47.30, G47.31, G47.33, G47.36, G47.39</b>

- **Interface replacement for a full mask (A7031)**
- **Cushion for nasal mask, replacement (A7032)**
- **Pillow for nasal cannula type, replacement, pr. (A7033)**
- **Headgear (A7035)**
- **Full Face Mask (A7030)**
- **Mask (A7034)**
- **Mask/Oral interface (A7044)**
- **Combination Oral/nasal mask (A7027)**
- **Oral cushion for combo mask, replacement (A7028)**
- **Nasal pillows for combo mask, replacement, pr (A7029)**
- **Tubing (A7037)\*\***
- **Heated Tubing (A4604)\*\***
- **Water Chamber (A7046)**
- **Disposable Filters (A7038)**
- **Permanent Filters (A7039)**

• **Chin Strap (A7036)**  
**\*NOTE: PAP machines and supplies at set up require an authorization.**  
**\*\*Note: Provider may only dispense the A7037 OR A4604 as these are**

same/similar. These codes cannot be utilized together.	
<b>Lumbar Sacral Orthosis (L0637)</b>	S32.000A, S32.001A, S32.002A, S32.008A, S32.009A, S32.010A, S32.011A, S32.012A, S32.018A, S32.019A, S32.020A, S32.021A, S32.022A, S32.028A, S32.029A, S32.030A, S32.031A, S32.032A, S32.038A, S32.039A, S32.040A, S32.041A, S32.042A, S32.048A, S32.049A, S32.050A, S32.051A, S32.052A, S32.058A, S32.059A
<b>Knee Orthosis, with stays/joints (L1810)</b>	M17.12, M17.11, M17.10, M17.0, M23.011, M23.019, M23.012, M23.319, M23.211, M23.219, M23.212, M23.312, M23.311, M23.221, M23.229, M23.222, M23.321, M23.322, M23.329, M23.021, M23.029, M23.022, M23.039, M23.032, M23.031, M23.331, M23.339, M23.332, M23.232, M23.231, M23.239, M23.203, M23.205, M23.204, M23.305, M23.304, M23.303, M23.302, M23.261, M23.301, M23.300, M23.269, M23.262, M23.202, M23.201, M23.200, M23.049, M23.042, M23.041, M23.241, M23.249, M23.242, M23.342, M23.341, M23.349, M23.351, M23.352, M23.359, M23.251, M23.259, M23.252, M23.051, M23.059, M23.052, M23.51, M23.52, M23.50, M23.90, M23.92, M23.91, M22.92, M22.91, M22.90, M76.50, M76.51, M76.52, Q74.2, Q72.70, S83.249A, S83.221A, S83.222A, S83.229A, S83.231A, S83.232A, S83.239A, S83.241A, S83.242A, S83.211A, S83.212A, S83.219A, S83.252A, S83.251A, S83.259A, S83.261A, S83.289A, S83.282A, S83.271A, S83.269A, S83.262A, S83.272A, S83.281A, S83.279A, S83.30XA, S83.31XA, S83.32XA, S83.209A, S83.204A, S83.205A, S83.206A, S83.207A, S83.200A, S83.201A, S83.202A, S83.203A, S83.094A, S83.096A, S83.095A, S83.011A, S83.006A, S83.005A, S83.012A, S83.014A, S83.013A, S83.015A, S83.016A, S83.093A, S83.092A, S83.091A, S83.002A, S83.001A, S83.003A, S83.004A, S83.429A, S83.421A, S83.422A, S8.3419A, S83.411A, S83.412A, S83.501A, S83.502A, S83.509A, S83.512A, S83.511A, S83.519A, S83.521A, S83.529A, S83.522A, S80.00XA, S80.01XA, S80.02XA
<b>Knee Orthosis, with condylar pads and joints (L1820)</b>	M23.91, M23.92, M23.90, M22.91, M22.92, M22.90, M25.2, M23.51, M23.52, M23.50, M25.261, M25.262, M25.269, M25.361, M25.362, M25.369, Q74.2, Q72.70, S82.001A, S82.002A, S82.009A, S82.011A, S82.012A, S82.013A, S82.014A, S82.015A, S82.016A, S82.021A, S82.022A, S82.023A, S82.024A, S82.025A, S82.026A, S82.031A, S82.032A, S82.033A, S82.034A, S82.035A, S82.036A, S82.041A, S82.042A, S82.043A, S82.044A, S82.045A, S82.046A, S82.091A, S82.092A, S82.099A, S82.099B, S82.099C, S82.092B, S82.091C, S82.092C, S82.091B, S82.046B, S82.046C, S82.045B, S82.045C, S82.044C, S82.044B, S82.043C, S82.043B, S82.042B, S82.042C, S82.041B, S82.041C, S82.036B, S82.035C, S82.036C, S82.035B, S82.034B, S82.034C, S82.033B, S82.033C, S82.032C, S82.032B, S82.031C, S82.031B, S82.026B, S82.026C, S82.025B, S82.025C, S82.024B, S82.023C, S82.024C, S82.023B, S82.022B, S82.022C, S82.021B, S82.021C, S82.016C, S82.016B, S82.015C, S82.015B, S82.014B, S82.014C, S82.013B, S82.013C, S82.012B, S82.011C, S82.012C, S82.011B, S82.009B, S82.009C, S82.002B, S82.002C, S82.001C, S82.001B, S83.249A, S83.242A, S83.241A, S83.239A, S83.232A, S83.231A, S83.229A, S83.222A, S83.221A, S83.219A, S83.212A, S83.211A, S83.251A, S83.261A, S83.262A, S83.252A, S83.259A, S83.281A, S83.282A, S83.272A, S83.279A, S83.269A, S83.271A, S83.289A, S83.30XA, S83.32XA, S83.31XA, S83.209A, S83.207A, S83.206A, S83.205A, S83.204A, S83.203A,

	<p>S83.202A, S83.201A, S83.200A, S83.096A, S83.094A, S83.095A, S83.092A, S83.093A, S83.016A, S83.091A, S83.014A, S83.015A, S83.012A, S83.013A, S83.006A, S83.011A, S83.004A, S83.005A, S83.002A, S83.003A, S83.001A, S83.421A, S83.422A, S83.429A, S83.419A, S83.412A, S83.411A, S83.501A, S83.519A, S83.521A, S83.511A, S83.512A, S83.502A, S83.509A, S83.522A, S83.529A</p>
<p><b>Knee Immobilizer (L1830)</b></p>	<p>M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M0.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M03.49, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9, M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M06.1, M08.80, M08.811, M08.812, M08.819, M08.821, M08.822, M08.829, M08.831, M08.832, M08.839, M08841, M08.842, M08.849,</p>

M08.851, M08.852, M08.859, M08.861, M08.862, M08.869, M08.871, M08.872, M08.879, M08.88, M08.89, M08.90, M08.911, M08.912, M08.919, M08.921, M08.922, M08.929, M08.931, M08.932, M08.939, M08.941, M08.942, M08.949, M08.951, M08.952, M08.959, M08.961, M08.962, M08.969, M08.971, M08.972, M08.979, M08.98, M08.99, M08.00, M08.011, M08.012, M08.019, M08.021, M08.022, M08.029, M08.031, M08.032, M08.039, M08.041, M08.042, M08.049, 08.051, M08.052, M08.059, M08.061, M08.062, M08.069, M08.071, M08072, M08.079, M08.08, M08.09, M08.20, M08.211, M08.212, M08.219, M08.221, M08.222, M08.229, M08.231, M08.232, M08.239, M08.241, M08.242, M08.249, M08.251, M08.252, M08.259, M08261, M08.262, M08.269, M08.271, M08.272, M08.279, M08.28, M08.29, M08.3, M08.40, M08.411, M08.412, M08.419, M08.421, M08.422, M08.429, M08.431, M08.432, M08.439, M08.441, M08.442, M08.449, M08.451, M08.452, M08.459, M08.461, ,M08.462, M08.469, M08.471, M08.472, M08.479, M08.48, M1.00, M12.011, M12.012, M12.019, M12.021, M12.022, M12.029, M12.031, M12.032, M12.039, M12.041, M12042, M12.049,,M12.051, M12052, M12.059, M12.061, M12.062, M12.069, M12.071, M12.072, M12.079, M12.08, M12.09, M17.0, M17.10, M17.11, M17.12, M17.2, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M23.011, M23.012, M23.019, M23.211, M23212, M23.219, M23.311, M23.312, M23.319, M23.321, M23.322, M23.329, M23.221, M23.222, M23.229, M23.021, M23.022, M23.029, M23.031, M23.032, M23.039, M23.231, M23.232, M23.239, M23.203, M23.204, M23.205, M23.305, M23.303, M23.304, M23.331, M23.332, M23.339, M23.302, M23.261, M23.262, M23.269, M23.300, M23.301, M23.202, M23.200, M23.201, M23.042, M23.049, M23.041, M23.241, M23.242, M23.249, M23.341, M23.342, M23.349, M23.351, M23.359, M23.352, M23.259, M23.251, M23.252, M23.051, M23.052, M23.059, M23.061, M23.062, M23.069, M23.300, M23.301, M23.361, M23.362, M23.369, M23.302, M23.306, M23.307, M23.309, M23.206, M23.207, M23.209, Q68.6, M23.000, M23.001, M23.002, M23.003, M23.004, M23.005, M23.006, M23.007, M23.009, M22.40, M22.41, M22.42, M23.50, M23.51, M23.52, M23.601, M23.602, M23.609, M23.611, M23.612, M23.619, M23.621, M23.622, M23.629, M23.631, M23.632, M23.639, M23.641, M23.642, M23.649, M23.671, M23.672, M23.679, M23.8X1, M23.8X2, M23.8X9, M22.8X1, M22.8X2, M22.8X9, M22.2X1, M22.2X2, M22.2X9, M22.3X1, M22.3X2, M22.3X9, M29.0, M22.92, M22.91, M23.90, M23.92, M23.91, M66.251, M66.252, M66.259, M84.551A, M84.552A, M84.553A, M84.559A, M80.051A, M80.052A, M80.059A, M80.851A, M80.852A, M80.859A, M84.451A, M84.452A, M84.453A, M84.651A, M84.652A, M84.653A, M84.659A, M84.661A, M84.662A, M84.663A, M84.664A, M84.669A, M84.671A, M84.672A, M84.673A, M84.461A, M84.462A, M84.463A, M84.464A, M84.469A, M84.471A, M84.472A, M84.473A, M80.861A, M80.862A, M80.869A, M80.871A, M80.872A, M80.879A, M80.061A, M80.062A, M80.069A, M80.071A, M80.072A, M80.079A, M84.561A, M84.562A, M84563A, M84.564A, M84.569A, M84.571A, M84.572A, M84.573A, M80.31, M87.032, M87.033, M87.034, M87.035, M87.036, M87.037,

M87.038, M87.039, M87.041, M87.042, M87.043, M87.044, M87.045, M87.046, M87.050, M87.061, M87.062, M87.063, M87.064, M87.065, M87.066, M87.071, M87.072, M87.073, M87.077, M87.078, M87.079, M87.08, M87.09, M87.111, M87.112, M87.119, M87.131, M87.132, M87.133, M87.134, M87.135, M87.136, M87.137, M87.138, M87.139, M87.141, M87.142, M87.143, M87.144, M87.145, M87.146, M87.161, M87.162, M87.163, M87.164, M87.165, M87.166, M87.171, M87.172, M87.173, M87.177, M87.178, M87.179, M87.188, M87.19, M87.211, M87.212, M87.219, M87.231, M87.232, M87.233, M87.234,,M87.235, M87.236, M87.237, M87.238, M87.239, M87.241, M87.242, M87.243, M87.244, M87.245, M87.246, M87.250, M87.261, M87.262, M87.263, M87.264, M87.265, M87.266, M87.271, M87.272, M87.273, M87.277, M87.278, M87.279, M87.28, M87.29, M87.311, M87.312, M87.319, M87.331, M87.332, M87.333, M87.334, M87.335, M87.336, M87.337, M87.338, M87.339, M87.341, M87.342, M87.343, M87.344, M87.345, M87.346, M87.361, M87.362, M87.363,,M87.364, M87.365, M87.366, M87.371, M87.372, M87.373, M87.377, M87.378, M87.379, M87.38, M87.39, M87.811, M87.812, M87.819, M87.831, M87.832, M87.833, M87.834, M87.835, M87.836, M87.837, M87.838, M87.839, M87.841, M87.842, M87.843, M87.844, M87.845, M87.849, M87.861, M87.862, M87.863, M87.864, M87.865, M87.869, M87.871, M87.872, M87.873, M87.877, M87.878, M87.879, M87.88, M87.89, M90.521, M90.522, M90.529, M90.531, M90.532, M90.539, M90.541, M90.542, M90.549, M90.561, M90.562, M90.569, M90571, M90.572, M90.579, M90.58, M90.59, M84.361A, M84.362A, M84.363A, M84.364A, M84.369A, Q74.1, Q68.2, S82002A, S82.009A, S82.011A, S82.001A, S82.012A, S82.013A, S82.014A, S82.015A, S82.016A, S82.021A, S82.022A, S82.023A, S82.024A, S82.025A, S82.026A, S82.031A, S82.032A, S82.033A, S82.034A, S82.035A, S82.036A, S82.041A, S82.042A, S82.043A, S82.044A, S82.045A, S82.046A, S82.091A, S82.092A, S82.099A, S82.099B, S82.099C, S82.091B, S82.092B, S82.091C, S82.092C, S82.045C, S82.046C, S82.046B, S82.045B, S82.044B, S82.043C, S82.044C, S82.043B, S82.041C, S82.042C, S82.042B, S82041B, S82.035B, S82.036B, S82.035C, S82.036C, S82.033C, S82.034C, S82.034B, S82.033B, S82.032B, S82.031C, S82.032C, S82.031B, S82.025C, S82.026C, S82.026B, S82.025B, S82.023B, S82.024B, S82.023C, S82.024C, S82.021C, S82.022C, S82.022B, S82.021B, S82.016B, S82.015C, S82.016C, S82.015B, S82.013C, S82.014C, S82.014B, S82.013B, S82.011B, S82.012B, S82.011C, S82.012C, S82.002C, S82.009C, S82.009B, S82.002B, S82.001C, S82.001B, S83.211A, S83.212A, S83.219A, S83.221A, S83.222A, S83.229A, S83.231A, S83.232A, S83.239A, S83.241A, S83.242A, S83.249A, S83.251A, S83.252A, S83.259A, S83.261A, S83.262A, S83.269A, S83.271A, S83.272A, S83.279A, S83.281A, S83.282A, S83.289A, S83.30XA, S83.31XA, S83.32XA, S83.207A, S83.209A, S83.203A, S83.204A, S83.205A, S83.206A, S83.200A, S83.201A, S83.202A, S83.094A, S83.095A, S83.096A, S83.005A, S83.006A, S83.011A, S83.012A, S83.013A, S83.014A, S83.015A, S83.016A, S83.091A, S83.092A, S83.093A, S83.001A, S83.002A, S83.003A, S83.004A, S83.421A, S83.422A, S83.429A, S83.419A, S83.411A, S83.412A, S83.501A, S83.502A, S83.509A,

	S83.511A, S83.512A, S83.519A, S83.521A, S83.522A, S83.529A, S83.60XA, S83.61XA, S83.62XA
<b>Sweedo Ankle Brace (L1902)</b>	M24.871, M25.376, M25.371, M25.279, M25.272, M25.375, M25.374, M25.373, M25.372, M25.271, M24.876, M24.875, M24.872, M24.874, M24.873, M76.60, M76.61, M76.62, S82.51XA, S82.52XA, S82.53XA, S82.54XA, S82.55XA, S82.56XA, S82.876A, S82.873A, S82.874A, S82.875A, S82.871A, S82.872A, S82.872B, S82.871C, S82.872C, S82.871B, S82.873B, S82.874B, S82.873C, S82.874C, S82.875B, S82.875C, S82.876B, S82.876C, S82.54XB, S82.53XC, S82.54XC, S82.55XB, S82.56XB, S82.56XC, S82.55XC, S82.51XC, S82.52XC, S82.53XB, S82.51XB, S82.52XB, S82.62XA, S82.61XA, S82.63XA, S82.64XA, S82.65XA, S82.66XA, S82.66XB, S82.66XC, S82.65XB, S82.64XC, S82.65XC, S82.62XC, S82.63XC, S82.64XB, S82.62XB, S82.63XB, S82.61XC, S82.61XB, S82.841A, S82.842A, S82.843A, S82.844A, S82.845A, S82.846A, S82.845B, S82.844B, S82.843C, S82.844C, S82.841C, S82.842C, S82.843B, S82.841B, S82.842B, S82.846B, S82.846C, S82.845C, S82.852A, S82.851A, S82.853A, S82.854A, S82.855A, S82.856A, S82.856B, S82.856C, S82.855B, S82.854C, S82.855C, S82.852C, S82.853C, S82.854B, S82.852B, S82.853B, S82.851C, S82.851B, S82.399A, S82.392A, S82.391A, S82.309A, S82.302A, S82.301A, S82.891A, S82.899A, S82.892A, S89.149A, S89.142A, S89.141A, S89.139A, S89.132A, S89.129A, S89.131A, S89.122A, S89.121A, S89.119A, S89.112A, S89.111A, S89.109A, S89.102A, S89.101A, S89.399A, S89.392A, S89.391A, S89.329A, S89.322A, S89.321A, S89.319A, S89.312A, S89.311A, S89.309A, S89.302A, S89.301A, S89.199A, S89.192A, S89.191A, S82.891B, S82.891C, S82.892B, S82.892C, S82.899C, S82.899B, S82.301C, S82.301B, S82.302C, S82.302B, S82.309B, S82.309C, S82.391B, S82.391C, S82.392B, S82.392C, S82.399B, S82.399C
<b>Cock-up Wrist Splint (L3908)</b>	G56.00, G56.01, G56.02, G56.03, M70.10, M70.11, M70.12, M25.731, M25.732, M25.739, M25.741, M25.742, M25.749 M77.20, M77.21, M77.22, M71.30, M67.419, M67.421, M67.422, M67.429, M67.431, M67.432, M67.439, M67.441, M67.442, M67.449, M67.451, M67.452, M67.459, M67.461, M67.462, M67.469, M67.411, M67.412, M67.471, M67.472, M67.479, M67.48, M67.49, M67.40, M71.311, M71.312, M71.319, M71.321, M71.322, M71.329, M71.331, M71.332, M71.339, M71.341, M71.342, M71.349, M71.351, M71.352, M71.359, M71.371, M71.372, M71.379, M71.38, M71.39, S63.501A, S63.502A, S63.509A, S66.911A, S66.912A, S66.919A
<b>Ankle Air Cast (L4350)</b>	M24.871-M24.876, M25.271-M25.279, M25.371-M25.376, M65.20, M65.221-65.279, M65.28-M65.29, M71.40, M71.421-M71.479, M71.48-M71.49, S82.301A-S82.309A, S82.391A-S82.399A, S82.891A-S82.899A, S89.101A-S89.199A, S89.301A-S89.399A, S93.401A-S93.499A, S96.011A-S96.019A, S96.111A-S96.119A, S96.211A-S96.219A, S96.811A-S96.819A, S96.911A-S96.912A, S86.011A-S86.019A
<b>Walking Boot, Pneumatic (L4360/L4361)</b>	M24.676, M24.675, M24.674, M24.673, M24.672, M24.671, M67.00, M67.01, M67.02, S82.191A, S82.192A, S82.199A, S82.156A, S82.151A, S82.146A, S82.152A, S82.153A, S82.155A, S82.154A, S82.102A, S82.101A, S82.111A, S82.109A, S82.112A, S82.113A, S82.115A, S82.114A, S82.116A, S82.121A, S82.123A, S82.122A, S82.124A, S82.125A, S82.131A, S82.126A, S82.132A, S82.133A, S82.135A, S82.134A, S82.136A, S82.141A, S82.143A,

S82.142A, S82.144A, S82.145A, S89.099A, S89.092A, S89.091A, S89.049A, S89.042A, S89.041A, S89.039A, S89.032A, S89.031A, S89.029A, S89.022A, S89.021A, S89.019A, S89.012A, S89.011A, S89.009A, S89.002A, S89.001A, S89.211A, S89.209A, S89.202A, S89.201A, S89.299A, S89.292A, S89.291A, S89.229A, S89.222A, S89.221A, S89.219A, S89.212A, S82.832A, S82.839A, S82.831A, S82.144C, S82.145C, S82.145B, S82.144B, S82.143C, S82.143B, S82.142B, S82.142C, S82.136C, S82.141C, S82.141B, S82.136B, S82.135C, S82.135B, S82.134B, S82.134C, S82.132C, S82.133C, S82.133B, S82.132B, S82.131C, S82.131B, S82.126B, S82.126C, S82.124C, S82.125C, S82.125B, S82.124B, S82.123C, S82.123B, S82.122B, S82.122C, S82.116C, S82.121C, S82.121B, S82.116B, S82.115C, S82.115B, S82.114B, S82.114C, S82.112C, S82.113C, S82.113B, S82.112B, S82.111C, S82.111B, S82.109B, S82.109C, S82.101B, S82.101C, S82.102C, S82.102B, S82.154B, S82.154C, S82.152C, S82.153C, S82.153B, S82.152B, S82.151C, S82.151B, S82.146B, S82.146C, S82.156B, S82.155C, S82.155B, S82.156C, S82.199B, S82.192C, S82.192B, S82.191C, S82.191B, S82.199C, S82.831C, S82.831B, S82.832C, S82.832B, S82.839C, S82.839B, S82.299A, S82.292A, S82.263A, S82.265A, S82.264A, S82.266A, S82.291A, S82.201A, S82.202A, S82.209A, S82.221A, S82.222A, S82.223A, S82.225A, S82.224A, S82.226A, S82.31A, S82.233A, S82.232A, S82.234A, S82.235A, S82.241A, S82.236A, S82.242A, S82.243A, S82.245A, S82.244A, S82.246A, S82.251A, S82.253A, S82.252A, S82.254A, S82.255A, S82.261A, S82.256A, S82.262A, S82.401A, S82.402A, S82.409A, S82.421A, S82.422A, S82.423A, S82.424A, S82.425A, S82.426A, S82.431A, S82.432A, S82.433A, S82.434A, S82.435A, S82.436A, S82.441A, S82.442A, S82.443A, S82.444A, S82.445A, S82.446A, S82.451A, S82.452A, S82.453A, S82.492A, S82.499A, S82.454A, S82.455A, S82.456A, S82.461A, S82.462A, S82.463A, S82.464A, S82.465A, S82.466A, S82.491A, S82.861A, S82.862A, S82.863A, S82.864A, S82.865A, S82.866A, S82.266C, S82.291C, S82.291B, S82.266B, S82.265C, S82.265B, S82.264B, S82.264C, S82.262C, S82.263C, S82.263B, S82.292B, S82.292C, S82.299C, S82.299B, S82.262B, S82.261C, S82.261B, S82.256B, S82.256C, S82.254C, S82.255C, S82.255B, S82.254B, S82.253C, S82.253B, S82.252B, S82.252C, S82.246C, S82.251C, S82.251B, S82.246B, S82.245C, S82.245B, S82.244B, S82.244C, S82.242C, S82.243C, S82.243B, S82.242B, S82.241C, S82.241B, S82.236B, S82.236C, S82.234C, S82.235C, S82.235B, S82.234B, S82.233C, S82.233B, S82.232B, S82.232C, S82.226C, S82.231C, S82.231B, S82.226B, S82.225C, S82.225B, S82.224B, S82.224C, S82.222C, S82.223C, S82.223B, S82.222B, S82.221C, S82.221B, S82.209C, S82.209B, S82.202C, S82.202B, S82.201C, S82.201B, S82.409B, S82.402C, S82.402B, S82.401C, S82.401B, S82.452C, S82.452B, S82.446C, S82.451C, S82.451B, S82.446B, S82.445C, S82.445B, S82.444C, S82.444B, S82.442C, S82.443C, S82.443B, S82.442B, S82.441C, S82.441B, S82.436C, S82.436B, S82.434C, S82.435C, S82.435B, S82.434B, S82.433C, S82.433B, S82.432C, S82.432B, S82.426C, S82.431C, S82.431B, S82.426B, S82.425C, S82.425B, S82.424C, S82.424B, S82.422C, S82.423C, S82.423B, S82.422B, S82.421C, S82.421B, S82.409C, S82.466C, S82.491C, S82.491B, S82.466B, S82.465C, S82.465B, S82.464C, S82.464B, S82.462C, S82.463C, S82.463B, S82.462B, S82.461C, S82.461B, S82.456C, S82.456B, S82.454C, S82.455C, S82.455B, S82.454B, S82.453C, S82.453B, S82.492C, S82.492B, S82.499C, S82.499B,

S82.866B, S82.865C, S82.865B, S82.864C, S82.864B, S82.866C, S82.862C, S82.863C, S82.863B, S82.862B, S82.861C, S82.861B, S82.312A, S82.311A, S82.319A, S82.161A, S82.169A, S82.162A, S82.829A, S82.822A, S82.821A, S82819A, S82.812A, S82.811A, S82.201A, S82.202A, S82.209A, S82.401A, S82.402A, S82.409A, S82.202C, S82.202B, S82.201B, S82.201C, S82.209B, S82.209C, S82.402C, S82.402B, S82401B, S82.401C, S82.409B, S82.409C, S82.51XB, S82.51XC, S82.52XC, S82.52XB, S82.53XC, S82.53XB, S82.55XC, S82.56XC, S82.54XC, S82.54XB, S82.56XB, S82.55XB, S82.871C, S82.871B, S82.872C, S82.872B, S82.876C, S82.875C, S82.876B, S82.873C, S82.874C, S82.875B, S82.874B, S82.873B, S82.61XA, S82.62XA, S82.66XA, S82.65XA, S82.63XA, S82.64XA, S82.64XC, S82.64XB, S82.62XC, S82.63XC, S82.63XB, S82.65XB, S82.65XC, S82.66XB, S82.66XC, S82.62XB, S82.61XC, S82.61XB, S82.841A, S82.842A, S82.843A, S82.844A, S82.846A, S82.845A, S82.845B, S82.845C, S82.844B, S82.844C, S82.843C, S82.843B, S82.841C, S82.842C, S82.842B, S82.846C, S82.846B, S82.841B, S82.851A, S82.852A, S82.853A, S82.854A, S82.856A, S82.855A, S82.855B, S82.855C, S82.856B, S82.856C, S82.854C, S82.854B, S82.852C, S82.853C, S82.853B, S82.852B, S82.851C, S82.851B, S82.391A, S82.399A, S82.392A, S82.301A, S82.309A, S82.302A, S82.891A, S82.899A, S82.892A, S89.199A, S89.191A, S89.192A, S89.329A, S89.391A, S89.392A, S89.322A, S89.319A, S89.321A, S89.312A, S89.311A, S89.301A, S89.302A, S89.309A, S89.399A, S89.112A, S89.111A, S89.101A, S89.102A, S89.109A, S89.149A, S89.142A, S89.132A, S89.139A, S89.141A, S89.131A, S89.129A, S89.122A, S89.119A, S89.121A, S82.891C, S82.892B, S82.892C, S82.899B, S82.899C, S82.891B, S82.301B, S82.301C, S82.302B, S82.302C, S82.391C, S82.392B, S82.392C, S82.399B, S82.391B, S82.309B, S82.309C, S82.399C, S92.909A, S92.901A, S92.902A, S92.199A, S92.192A, S92.191A, S92.156A, S92.155A, S92.154A, S92.153A, S92.101A, S92.112A, S92.111A, S92.109A, S92.102A, S92.124A, S92.123A, S92.122A, S92.121A, S92.116A, S92.115A, S92.114A, S92.113A, S92.152A, S92.151A, S92.146A, S92.145A, S92.144A, S92.143A, S92.142A, S92.141A, S92.136A, S92.135A, S92.134A, S92.133A, S92.132A, S92.131A, S92.126A, S92.125A, S92.251A, S92.252A, S92.253A, S92.254A, S92.255A, S92.256A, S92.211A, S92.212A, S92.213A, S92.214A, S92.215A, S92.216A, S92.221A, S92.222A, S92.223A, S92.224A, S92.225A, S92.226A, S92.231A, S92.232A, S92.233A, S92.234A, S92.235A, S92.236A, S92.241A, S92.242A, S92.243A, S92.244A, S92.245A, S92.246A, S92.311A, S92.312A, S92.302A, S92.309A, S92.301A, S92.325A, S92.326A, S92.323A, S92.324A, S92.321A, S92.322A, S92.315A, S92.316A, S92.313A, S92.314A, S92.355A, S92.356A, S92.353A, S92.354A, S92.351A, S92.352A, S92.345A, S92.346A, S92.343A, S92.344A, S92.341A, S92.342A, S92.335A, S92.336A, S92.333A, S92.334A, S92.331A, S92.332A, S92.301A, S92.302A, S92.309A, S92.202A, S92.209A, S92.201A, S92.901B, S92.909B, S92.902B, S92.199B, S92.191B, S92.192B, S92.153B, S92.154B, S92.155B, S92.156B, S92.125B, S92.126B, S92.131B, S92.132B, S92.133B, S92.134B, S92.135B, S92.136B, S92.141B, S92.142B, S92.143B, S92.144B, S92.145B, S92.146B, S92.151B, S92.152B, S92.113B, S92.114B, S92.115B, S92.116B, S92.121B, S92.122B, S92.123B, S92.124B, S92.102B, S92.109B, S92.111B, S92.112B, S92.101B, S92.252B, S92.251B, S92.256B, S92.255B, S92.254B, S92.253B, S92.212B, S92.211B, S92.216B, S92.215B, S92.214B, S92.213B,

	<p>S92.244B, S92.243B, S92.242B, S92.241B, S92.236B, S92.235B, S92.234B, S92.233B, S92.232B, S92.231B, S92.226B, S92.225B, S92.224B, S92.223B, S92.222B, S92.221B, S92.246B, S92.245B, S92.309B, S92.311B, S92.312B, S92.302B, S92.301B, S92.313B, S92.315B, S92.314B, S92.316B, S92.321B, S92.324B, S92.323B, S92.322B, S92.325B, S92.331B, S92.326B, S92.356B, S92.352B, S92.351B, S92.346B, S92.353B, S92.355B, S92.354B, S92.332B, S92.333B, S92.336B, S92.335B, S92.334B, S92.341B, S92.343B, S92.342B, S92.344B, S92.345B, S92209B, S92.202B, S92.201B, S93.401A, S96.919A, S93.409A, S93.402A, Z98.1, M96.0</p>
<p>Walking Boot, Non-Pneumatic (L4386/L4387)</p>	<p>M24.676, M24.671, M24.672, M24.673, M24.674, M24.675, S82.101A, S82.102A, S82.109A, S82.111A, S82.112A, S82.113A, S82.114A, S82.115A, S82.116A, S82.121A, S82.122A, S82.123A, S82.124A, S82.125A, S82.126A, S82.131A, S82.132A, S82.133A, S82.134A, S82.135A, S82.136A, S82.141A, S82.142A, S82.143A, S82.144A, S82.145A, S82.146A, S82.151A, S82.152A, S82.153A, S82.154A, S82.155A, S82.156A, S82.191A, S82.192A, S82.199A, S89.099A, S89.031A, S89.032A, S89.039A, S89.041A, S89.042A, S89.049A, S89.091A, S89.092A, S89.001A, S89.002A, S89.009A, S89.011A, S89.012A, S89.019A, S89.021A, S89.022A, S89.029A, S89.201A, S89.202A, S89.209A, S89.211A, S89.212A, S89.219A, S89.221A, S89.222A, S89.229A, S89.291A, S89.292A, S89.299A, S82.832A, S82.839A, S82.831A, S82.192C, S82.192B, S82.191B, S82.191C, S82.155C, S82.155B, S82.156B, S82.156C, S82.153C, S82.154B, S82.154C, S82.153B, S82.152B, S82.152C, S82.151C, S82.151B, S82.145C, S82.146B, S82.146C, S82.199B, S82.199C, S82.145B, S82.144B, S82.144C, S82.143C, S82.143B, S82.141C, S82.142B, S82.142C, S82.141B, S82.136B, S82.136C, S82.135C, S82.135B, S82.133C, S82.134B, S82.134C, S82.133B, S82.132B, S82.132C, S82.131C, S81.31B, S82.125C, S82.126B, S82.126C, S82.125B, S82.124B, S82.124C, S82.123C, S82.123B, S82.121C, S82.122B, S82.122C, S82.121B, S82.116B, S82.116C, S82.115C, S82.115B, S82.113C, S82.114B, S82.114C, S82.113B, S82.112B, S82.112C, S82.111C, S82.111B, S82.102C, S82.109B, S82.109C, S82.102B, S82.101B, S82.101C, S82.831B, S82.831C, S82.832C, S82.832B, S82.839B, S82.839C, S82.299A, S82.292A, S82.263A, S82.264A, S82.265A, S82.266A, S82.291A, S82.201A, S82.202A, S82.209A, S82.221A, S82.222A, S82.223A, S82.224A, S82.225A, S82.226A, S82.231A, S82.232A, S82.233A, S82.234A, S82.235A, S82.236A, S82.241A, S82.242A, S82.243A, S82.244A, S82.245A, S82.246A, S82.251A, S82.252A, S82.253A, S82.254A, S82.255A, S82.256A, S82.261A, S82.262A, S82.401A, S82.402A, S82.409A, S82.421A, S82.422A, S82.423A, S82.424A, S82.425A, S82.426A, S82.431A, S82.432A, S82.433A, S82.434A, S82.435A, S82.436A, S82.414A, S82.442A, S82.443A, S82.444A, S82.445A, S82.446A, S82.451A, S82.452A, S82.453A, S82.492A, S82.499A, S82.454A, S82.455A, S82.456A, S82.461A, S82.462A, S82.463A, S82.464A, S82.465A, S82.466A, S82.491A, S82.861A, S82.862A, S82.863A, S82.864A, S82.865A, S82.866A, S82.291B, S82.266B, S82.266C, S82.265C, S82.265B, S82.263C, S82.264B, S82.264C, S82.263B, S82.262B, S82.262C, S82.291C, S82.292B, S82.292C, S82.299B, S82.299C, S82.261C, S82.261B, S82.255C, S82.256B, S82.256C, S82.255B, S82.254B, S82.254C, S82.253C, S82.253B, S82.251C, S82.252B, S82.252C, S82.251B, S82.246B, S82.246C, S82.245C, S82.245B, S82.243C, S82.244B, S82.244C, S82.243B, S82.242B, S82.242C, S82.241C, S82.241B,</p>

S82.235C, S82.236B, S82.236C, S82.235B, S82.234B, S82.234C, S82.233C, S82.233B, S82.231C, S82.232B, S82.232C, S82.231B, S82.226B, S82.226C, S82.225C, S82.225B, S82.223C, S82.224B, S82.224C, S82.223B, S82.222B, S82.222C, S82.221C, S82.221B, S82.209B, S82.209C, S82.202C, S82.202B, S82.201B, S82.201C, S82.409B, S82.402B, S82.402C, S82.401C, S82.401B, S82.452C, S82.452B, S82.446C, S82.451B, S82.451C, S82.446B, S82.445B, S82.445C, S82.444C, S82.444B, S82.442C, S82.443B, S82.443C, S82.442B, S82.441B, S82.441C, S82.436C, S82.436B, S82.434C, S82.435B, S82.435C, S82.434B, S82.433B, S82.433C, S82.432C, S82.432B, S82.426C, S82.431B, S82.431C, S82.426B, S82.425B, S82.425C, S82.424C, S82.424B, S82.422C, S82.423B, S82.423C, S82.422B, S82.421B, S82.421C, S82.409C, S82.466C, S82.491B, S82.491C, S82.466B, S82.465B, S82.465C, S82.464C, S82.464B, S82.462C, S82.463B, S82.463C, S82.462B, S82.461B, S82.461C, S82.456C, S82.456B, S82.454C, S82.455B, S82.455C, S82.454B, S82.453B, S82.453C, S82.492C, S82.492B, S82.499B, S82.499C, S82.866B, S82.865B, S82.865C, S82.864C, S82.864B, S82.866C, S82.862C, S82.863B, S82.863C, S82.862B, S82.861B, S82.861C, S82.311A, S82.312A, S82.319A, S82.161A, S82.162A, S82.169A, S82.829A, S82.812A, S82.819A, S82.821A, S82.822A, S82.811A, S82.201A, S82.202A, S82.209A, S82.401A, S82.402A, S82.409A, S82.202C, S82.202B, S82.201C, S82.201B, S82.209C, S82.209B, S82.402C, S82.402B, S82.401B, S82.401C, S82.409B, S82.409C, S82.51XA, S82.52XA, S82.53XA, S82.54XA, S82.56XA, S82.55XA, S82.871A, S82.872A, S82.876A, S82.875A, S82.874A, S82.873A, S82.873B, S82.874B, S82.875B, S82.874C, S82.873C, S82.876B, S82.875C, S82.876C, S82.872B, S82.872C, S82.871B, S82.871C, S82.55XB, S82.56XB, S82.54XB, S82.54XC, S82.56XC, S82.55XC, S82.53XB, S82.53XC, S82.52XB, S82.52XC, S82.51XC, S82.51XB, S82.61XA, S82.62XA, S82.66XA, S82.65XA, S82.63XA, S82.64XA, S82.64XB, S82.64XC, S82.63XB, S82.63XC, S82.62XC, S82.65XB, S82.65XC, S82.66XB, S82.66XC, S82.62XB, S82.61XC, S82.61XB, S82.841A, S82.846A, S82.842A, S82.843A, S82.844A, S82.845A, S82.845B, S82.845C, S82.844B, S82.844C, S82.843B, S82.843C, S82.842B, S82.842C, S82.841C, S82.846B, S82.846C, S82.841B, S82.851A, S82.852A, S82.853A, S82.854A, S82.856A, S82.855A, S82.855B, S82.855C, S82.856B, S82.856C, S82.854B, S82.854C, S82.853B, S82.853C, S82.852C, S82.852B, S82.851C, S82.851B, S82.391A, S82.399A, S82.392A, S82.301A, S82.309A, S82.302A, S82.891A, S82.899A, S82.892A, S89.191A, S89.192A, S89.199A, S89.301A, S89.302A, S89.309A, S89.311A, S89.312A, S89.319A, S89.321A, S89.322A, S89.329A, S89.391A, S89.392A, S89.101A, S89.102A, S89.109A, S89.111A, S89.112A, S89.119A, S89.121A, S89.122A, S89.129A, S89.131A, S89.132A, S89.139A, S89.141A, S89.142A, S89.149A, S89.399A, S82.892B, S82.891C, S82.899B, S82.892C, S82.899C, S82.891B, S82.301C, S82.301B, S82.302C, S82.302B, S82.392B, S82.391C, S82.399B, S82.392C, S82.391B, S82.309C, S82.309B, S82.399C, S92.902A, S92.909A, S92.901A, S92.153A, S92.154A, S92.155A, S92.156A, S92.191A, S92.192A, S92.199A, S92.101A, S92.102A, S92.109A, S92.111A, S92.112A, S92.113A, S92.114A, S92.115A, S92.116A, S92.121A, S92.122A, S92.123A, S92.124A, S92.125A, S92.126A, S92.131A, S92.132A, S92.133A, S92.134A, S92.135A, S92.136A, S92.141A, S92.142A, S92.143A, S92.144A, S92.145A, S92.146A, S92.151A, S92.152A, S92.301A, S92.302A, S92.309A, S92.311A, S92.312A, S92.313A,

	S92314A, S92315A, S92.316A, S92.321A, S92.322A, S92.323A, S92.324A, S92.325A, S92.326A, S92.331A, S92.356A, S92.346A, S92.351A, S92.352A, S92.353A, S92.354A, S92.355A, S92.332A, S92.333A, S92.334A, S92.335A, S92.336A, S92.341A, S92.342A, S92.343A, S92.344A, S92.345A, S93.401A, S93.402A, S93.409A, S96.919A, Z98.1, M96.0
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## AUTHORIZATIONS - GENERAL

There are several ways you may request an authorization.

- **Online** – Providers should submit requests online at <https://providerportal.northwoodinc.com> (after registering for a Login ID and Password) and will receive an email confirmation that a request has been submitted and received. For further information, please follow instructions outlined on webpage ([www.northwoodinc.com](http://www.northwoodinc.com)).
- **Phone** – If necessary for urgent/emergent requests call Northwood on the dedicated Security Health Plan line at 866-532-1344 during normal business hours (8:30 a.m. to 5:00 p.m. CST, Monday through Friday), or within the next two (2) regularly scheduled business days if emergent/urgent services are provided.

The following information is required when requesting an authorization:

- Provider ID Number.
- Member Name/Address/Telephone.
- Provider Contact/Telephone.
- Referral Source/Telephone.
- Security Health Plan ID Number.
- Other Insurance Information (if any).
- Diagnosis - ICD-9/10-CM Code and Description.
- Date of Service.
- Referring/Prescribing Physician.
- Level II HCPCS Code.
- Description of Product/Service.
- Service Type (Purchase or Rental).
- Quantity.
- Duration of Need.

Authorizations for services will be provided:

- For equipment and supplies deemed to be covered benefits under the Security Health Plan program.

- When use of the equipment or supply does not exceed the quantity limitation and medical necessity guidelines (monthly, yearly, replacement period, etc.).
- For medically supported over-quantity requests approved through case review.
- For the most appropriate, cost-effective, standard and basic equipment or supply.

Reimbursement will be limited to the authorized equipment or supply based upon the allowable fee for the procedure code(s) approved.

Payment consideration for equipment and supplies includes;

- Member eligibility at the date of delivery.
- Medical necessity clinical criteria are met and documented on the physician's written order.
- Most cost-effective standard and basic equipment or supply.
- Benefit coverage.

#### AUTHORIZATION TIMEFRAMES

Rental DME equipment is authorized based upon medical necessity and the appropriate duration of need for the diagnosis provided at the time of rental.

- Authorizations may be extended for up to 13 months, at which time the equipment rental may be considered purchased.
- A limited number of items reach purchase in less than 13 months.
- Requests for quantities of supplies that exceed standard amounts are based on a review of medical documentation.
- Renewal authorizations for over-quantity amounts will require updated documentation.
- It is the provider's responsibility to verify member eligibility and cost-sharing (co-payments, coinsurance and/or deductibles) information for the effective period of an authorization or for continuing services, on a monthly basis.
- Neither Northwood nor Security Health Plan is responsible for payment of services provided to Members whose coverage has changed or terminated.
- Providers may verify member eligibility through:

- Northwood's Provider Authorization Request Portal at <https://providerportal.northwoodinc.com>
- A Northwood authorization is not a guarantee of payment for service(s) provided.

**IF THE PROVIDER FAILS TO OBTAIN A REQUIRED AUTHORIZATION, THE MEMBER MAY NOT BE BILLED. PLEASE SEE THE "HOLD HARMLESS" SECTION (5.5) OF THE PARTICIPATING SUPPLIER AGREEMENT AND SECTION (C) AND (E) OF THE SUBCONTRACTOR AFFILIATION ACKNOWLEDGMENT TO NORTHWOOD, INC.'S SECURITY HEALTH PLAN OF WISCONSIN, INC. VENDOR AFFILIATION AGREEMENT.**

### CHANGE TO INITIAL AUTHORIZATION

Claims will be denied if the services provided do not match the authorization.

- If a change to an equipment item or supply originally authorized becomes necessary, contact a Northwood Benefit Coordinator via fax or telephone to request review for a revised authorization. The following information must be included when requesting a review:
  - Current authorization number.
  - Patient name.
  - Security Health Plan ID Number
  - Documented reason for change of equipment or supply.
- Providers are responsible for maintaining the original authorization. Northwood will not provide duplicate copies of authorization for billing purposes or after payment has been made.

### AFTER HOURS - RETROSPECTIVE AUTHORIZATIONS

Authorizations are provided during regular business hours - 8:30 a.m. to 5:00 p.m. CST Monday thru Friday.

If an urgent request for services occurs after-hours or on weekends/holidays the provider must request an authorization within two (2) business days, or within 10 (10) business days for point-of-service providers (stock/bill, loan closets) identified by Northwood.

Urgent/Emergent and non-routine retrospective authorization requests must be submitted online to Northwood along with supporting documentation for case review.

Retrospective authorizations will only be provided for after-hours service due to urgent/emergent situations or non-routine circumstances. Urgent/emergent situations

are defined as situations where a member's physical condition is such that imminent or serious consequences could result to the member's health or, if in the opinion of the physician, the member would be subjected to severe pain if a DMEPOS request is processed within the routine decision-making time frame. The provider shall proceed as listed below:

- Under these conditions, the member should be serviced.
- The provider may obtain authorization within the next two (2) business days.
- Members should be informed of their potential financial responsibility for cost-sharing (co-payments, coinsurance and/or deductibles).

Northwood may issue retrospective authorizations for urgent/emergent and non-routine circumstances. However, for routine requests retrospective authorizations will be administratively denied for provider's failure to obtain authorization prior to delivery or completion of services.

### SECTION III - MEMBER SERVICES

Covered DMEPOS benefits for Security Health Plan members must be obtained through Northwood's contracted providers and prior authorized by Northwood.

Members, referral sources, and providers may contact Northwood during regular business hours for questions and inquiries regarding:

- Provider locations.
- General benefits and/or coverage criteria.
- Financial responsibility.
- Appeal and grievance procedures.

Contact Northwood's dedicated Security Health Plan toll-free line at 1-866-532-1344. Members (non-English speaking) requiring language services may contact a Northwood Benefit Coordinator who will coordinate translation services.

#### MEMBER BILLING

- Northwood providers are bound by contract to accept assignment for all covered equipment and supplies rendered to Security Health Plan members.
- Members are only financially responsible, and may be billed, for applicable cost-sharing (co-payments, coinsurance and/or deductibles); retroactive eligibility terminations by Security Health Plan due to regulator/regulatory requirements or contractual standards; and for non-covered services in accordance with Northwood's Participating Supplier Agreement ("PSA") and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.

#### MEMBER HOLD-HARMLESS PROVISION

According to Northwood's Participating Supplier Agreement ("PSA") and the Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement, providers agree to abide by Northwood Policies and Procedures and to look solely to Northwood for payment of authorized covered equipment and supplies rendered under the Security Health Plan Program.

Members are financially responsible only for applicable cost-sharing (co-payments, coinsurance and/or deductibles) for equipment and supplies that have been approved by Security Health Plan and Northwood. Providers are prohibited from billing the member for any of the following:

- The difference between the provider's submitted charge and Northwood's fee.
- Reduced fee differential amounts on down-coded or adjusted items based upon medical necessity or the least costly alternative.

- When medical documentation provided conflicts with the information supplied during the authorization request.
- Provider's failure to obtain required authorization for covered equipment and supplies.
- Claims submitted past filing limitations.
- Provider's failure to follow Northwood policies and procedures.

## SECTION IV - PRESCRIPTION REQUIREMENTS

It is the provider's responsibility to obtain a valid prescription for requested equipment and supplies. Verbal orders are acceptable for initial set-up of equipment and supplies; however, a prescription must be obtained and provided to Northwood upon request. Providers must have a faxed, photocopied, original signed order or electronic prescription in their records before they can submit a claim for payment to Northwood. Providers must maintain valid prescriptions on file for equipment and supplies.

A valid prescription, paper or electronic, must include:

- Patient Name
- Prescription Date (the original date of service must be within 30 days of the RX date)
- Item Description- HCPCS code(s) acceptable. Must include narrative/alternate description for not otherwise classified code(s).
- Duration of Need
- Diagnosis
- Quantity
- Physician Signature (stamped signatures are not valid)
- Prescriber Printed Name
- Prescriber NPI

### PRESCRIPTION DURATIONS

- Most prescriptions are valid for 12 months but may vary according to medical necessity.

## SECTION V - CLAIMS

### FILING PROCESS

- Claims must be submitted to Northwood **electronically (preferred)**, primary or secondary, and completed according to HIPAA 837 transaction requirements detailed on Northwood's website [www.northwoodinc.com](http://www.northwoodinc.com).
- Northwood's EDI Manual may be accessed at <https://northwoodinc.com/northwood-providers/> under the Electronic Claims section.
- DMEPOS provider must have their National Provider Identifier (NPI) on all claims.
- ELECTRONIC claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website at [www.northwoodinc.com](http://www.northwoodinc.com).
  - Northwood's national EDI Payer ID is: NWOOD
  - Northwood's Provider EDI Manual and Northwood EDI Insurance Plan Acronym List is located on Northwood's website at <https://northwoodinc.com/northwood-providers/>
- PAPER claims must be completed in entirety and include:
  - NORTHWOOD'S AUTHORIZATION NUMBER
  - Remittance advice for secondary claims - do not staple to claims
  - Manufacturer's name, description, and product number documented in Box 19 of the CMS claim form for not otherwise classified (NOC) items

As paper claims are scanned, please do not staple, fold or write on claims. Claims do not need to be sent with prescriptions or authorizations. When sending secondary paper claims, only the primary EOB/remittance advice is needed - but, please do not staple.

- BILLED CHARGES for NOC codes, IC items or those identified as \$0.00 on the fee schedule cannot exceed 110% of MSRP.

<b>Claims submitted without the required information will be rejected and <u>must</u> be resubmitted within the filing limitation timeframe (see below).</b>
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### CLAIMS FILING LIMITATIONS

Claims for Security Health Plan program members must be submitted to Northwood as follows:

- **Commercial Members** (Group and Direct Pay and some third party administrator) claims must be submitted within 180 days of the date of service (DOS), unless you are awaiting a payment and or remittance advice from a primary payor via coordination of benefits. If the member has other health insurance that is primary, then timely filing is counted from the date of the Explanation of Payment (provider remittance) of the other carrier. This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.
- **Family Health Center** claims and adjustment requests must be received within 365 days of the date of service. This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.
- **Medicare Advantage** follows Medicare claims submission guidelines. To be eligible for reimbursement, claims must be filed within one year (365 days). If claims are received after the timely filing limits, claims will be denied.
- **BadgerCare Plus** claims and adjustment requests must be received within 365 days of the date of service (DOS). This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.
  - State and federal laws provide eight exceptions to the submission deadline for BadgerCare Plus. Exceptions may be considered to the submission deadline only in the following circumstances:
    - Change in nursing home resident's level of care or liability amount.
    - Decision made by a court order, fair hearing, or the DHS (Department of Health Services).
    - Denial due to discrepancy between the member's enrollment information in ForwardHealth interchange and the member's actual enrollment.
    - Reconsideration or recoupment.
    - Retroactive enrollment for persons on GR (General Relief).
    - Medicare denial occurs after ForwardHealth's submission deadline.
    - Refund request from another health insurance source.
    - Retroactive member enrollment.
- Filing limitations apply to all claims, including claims previously submitted and returned for missing or incomplete documentation. Northwood and Security Health Plan are not responsible to provider for claims not submitted in a timely

manner. In addition, provider may not bill, charge or seek remuneration from member for claims denied due to late submission.

- A claims status (claim denials or corrected claims) must be submitted within the claim filing limitations noted above.
- Submit paper claims with the required medical and other carrier payment documentation to the following address:

NORTHWOOD, INC.  
ATTN: SECURITY HEALTH PLAN CLAIMS  
P.O. BOX 510  
WARREN, MICHIGAN 48090-0510

### CLAIMS PAYMENT CYCLE

- Northwood will process claims and remit payment for clean claims within 30 days of receipt.
- A clean claim consists of the following information:
  - Northwood Authorization Number.
  - Provider Name/ Address/NPI Number.
  - Member Name/ Address/Telephone.
  - Security Health Plan ID Number.
  - Date of Birth.
  - Other Insurance Information (if any).
  - Diagnosis (ICD-9/10-CM Code).
  - Date of Service.
  - Referring Physician Name.
  - Referring Physician NPI and TIN.
  - Level II HCPCS Code.
  - Manufacturer name, description and product number for NOC items.
  - Service Type (Purchase or Rental).
  - Quantity
  - Duration of Need.
  - Modifier.
  - Provider Charge.
  - Other Payment.
  - Taxonomy (Medicaid)
- Claims payment shall be limited to Northwood's allowable fee less any member cost-sharing (co-payments, coinsurance and/or deductibles) or primary payment amount.

- Northwood maintains the right to request proof of delivery or hard copy prescription upon request. Payment will be suspended pending requested documentation.
- Payment is contingent upon provider's compliance with all applicable documentation requirements.

#### OTHER PARTY LIABILITY CLAIMS

- Claims must first be submitted to the primary carrier and a hard copy of the provider remittance advice must be submitted with your hard copy claim to Northwood. If a secondary claim is submitted electronically to Northwood, primary payment information must be included pursuant to Northwood electronic claims submission procedures (available at [www.northwoodinc.com](http://www.northwoodinc.com)).
- If providers receive information that indicates that the member is pursuing settlement from a liable party for accident and trauma claims the provider must notify Northwood immediately.
- Northwood's payment for a service or supply as the secondary payer will be based on the difference between what the primary payer paid and what Northwood would have paid as the primary payer up to Northwood's allowed amount. If the primary payer's payment is less than Northwood's allowed amount, Northwood will pay the difference not to exceed its allowed amount.
- Northwood does not reimburse for the difference between the billed and primary insurance allowable.

#### PROVIDER REMITTANCE ADDRESS

- Northwood maintains a primary address on file for all providers that will be used when processing claims for payment.
- All payments by check will be payable to the primary address supplied to Northwood during the credentialing period for network participation.
- It is important that each provider have only one primary remittance address.
- Providers need to notify Northwood in writing on company letterhead of any address changes to their primary billing address.
- Providers must supply Northwood with an updated W-9 form for address changes.

- Providers are responsible for maintaining the original Northwood payment vouchers and providing copies to branch locations. Northwood is not responsible for re-issuing duplicate vouchers.

#### COORDINATION OF BENEFITS (C.O.B.)

- Providers are required to obtain all insurance information from the member, including Worker's Compensation insurance.
- For Security Health Plan's Medicaid Program, Security Health Plan is the payer of last resort when any other type of insurance exists except for Family Health Center which is secondary to Medicaid. For Commercial Plans, as applicable, Northwood follows Coordination of Benefits guidelines from the National Association of Insurance Commissioners (NAIC) and applicable law.
- A claim may be rejected if a provider does not complete the section of the claim form regarding other insurance coverage.

#### HIPAA EDI CLAIMS INQUIRY

Electronic claim submitters may submit a HIPAA 276 transaction, Health Care Claim Status Request, for claims inquiry.

- Requests will be accepted in batch and can be uploaded using the same secure connection as with electronic claims.
- Northwood will respond with a HIPAA 277 transaction, Health Care Claim Status Response, which can be retrieved using the same secure connection that is used for electronic claim acknowledgements.
- Submitters will be notified by email when a new transaction batch is ready for download.

#### HIPAA EDI CLAIMS PAYMENT/ADVICE

Electronic claim submitters will receive HIPAA 835 transactions, Health Care Claim Payment/Advice, using the same secure connection that is used for electronic claim acknowledgements.

- Electronic payment /advice transactions will only apply to electronic claims.
- A payment/advice batch of transactions will be available on the day that Northwood prepares cash disbursements.
- Submitters will be notified by email when a new transaction batch is ready for download.

Please see the Northwood website at [www.northwoodinc.com](http://www.northwoodinc.com) for the latest details related to HIPAA EDI transactions.

### CLAIMS INQUIRY

A provider may make a claim inquiry under the following circumstances:

#### 1. PAYMENT OTHER THAN ANTICIPATED

- If payment received is other than anticipated and not in accordance with the Northwood fee schedule, please submit a completed Claims Status Form in Section XII following the claim filing limitations noted above and include the following:
  - Copy of the original claim.
  - Supporting documentation.
  - Northwood's remittance voucher.

#### 2. NO RESPONSE TO CLAIMS SUBMISSION

- If you have not received a response to your original claim submission in accordance with Northwood's claim payment turnaround time, please verify that the claim was submitted by going to Northwood's provider portal at <https://providerportal.northwoodinc.com>. If you do not see the claim on Northwood's portal, please resubmit.
- If you have not received a response within 45 days of submission, please make sure all information is correct and resubmit your claim.

Note: Ensure all payments are posted and resolve rejections prior to resubmitting claims to Northwood.

### CLAIM PAYMENT RECOVERY

From time to time, Northwood may be required to request a refund from the provider for reasons such as: retroactive terminations, coordination of benefits (COB), eligibility changes, etc. Northwood will retract payments in those scenarios as provider level adjustments and providers will see the reason on their remittance advice. Northwood may seek a provider refund in the event a deduction/retraction may not be timely or possible.

### ELECTRONIC FUNDS TRANSFER

Northwood maintains an all-electronic payment system. All disbursement will be made via Electronic Funds Transfer (EFT). To set-up electronic funds transfer (EFT), please visit the Northwood, Inc., website at [www.northwoodinc.com](http://www.northwoodinc.com).

## SECTION VI - QUALITY

***IT IS THE RESPONSIBILITY OF CONTRACTED PROVIDERS TO ENSURE THAT THEIR EMPLOYEES UNDERSTAND NORTHWOOD POLICIES AND PROCEDURES, INCLUDING SERVICING AND QUALITY ISSUES AS THEY MAY PERTAIN TO THE SECURITY HEALTH PLAN PROGRAM.***

Quality issues include but are not limited to:

- Substandard care.
- Deviations from standards and guidelines from generally accepted industry practices as they pertain to the provision of equipment and supplies in accordance with health plan provisions.
- Member discrimination related to plan coverage.
- Inappropriate behavior of staff, as perceived by the member, provider, Northwood or Security Health Plan.

### PROVIDER COMPLAINT, APPEAL AND QUALITY IMPROVEMENT PROCESS

Northwood strives to provide quality service in a professional and timely manner. In the event a provider believes that Northwood has not satisfactorily resolved a problem or concern, providers may utilize Northwood's Complaint and Grievance Process.

- Providers may contact Northwood in writing regarding quality issues/concerns such as those outlined in the Quality Section of this Provider Manual.
- Northwood encourages providers to participate in the continuous quality improvement process by submitting quality concerns in writing.
- Periodically, Northwood will perform Provider Satisfaction Surveys to determine provider satisfaction with Northwood administrative services and to identify opportunities for improvement.

## Appealing a Northwood Administrative Denial

A Provider may submit a provider appeal to Northwood, in writing, to request reconsideration of a previous administrative denial decision. Send written appeals, in letter format and include any additional information or details deemed necessary, to:

Northwood, Inc.  
P.O. Box 510  
Warren, Michigan 48090-0510  
Attn: Provider Appeals

### Submitting a 1<sup>st</sup> level appeal:

Provider's must submit a 1<sup>st</sup> level appeal, in writing, within 30 calendar days from the date of Northwood's administrative denial decision. Northwood will provide an appeal decision within 30 calendar days from date of receipt of the appeal. The provider will receive a letter from Northwood if the appeal is denied. The letter will be mailed within 24 hours from the date of decision; not to exceed 30 calendar days from the date of receipt of the appeal.

Provider appeals filed beyond the above-described timeframes will be denied and both Northwood and Health Plan will be held harmless. For more information on submitting a provider appeal, please contact Northwood at 1-866-532-1344. Appeal decisions are usually rendered within 30 calendar days of receipt of an appeal.

If an initial provider appeal (1<sup>st</sup> level/Level I) as outlined above results in a denial, a provider may file a second (2<sup>nd</sup> level/Level II) provider appeal.

### Submitting a 2<sup>nd</sup> level appeal:

Provider's must submit a 2<sup>nd</sup> level appeal within 15 calendar days from the date of the upheld denial (1<sup>st</sup> level appeal/Level I decision). Northwood will provide an appeal decision on the 2<sup>nd</sup> level appeal within 15 calendar days from the date of receipt of the 2<sup>nd</sup> level appeal request. If the denial is upheld, Northwood will mail a letter within 24 hours from the date of decision; not to exceed 15 days from the date of receipt of the 2<sup>nd</sup> level appeal.

**Providers shall follow the procedure described above and clearly indicate that their submission is a 2<sup>nd</sup> level (Level II) provider appeal. Second level (Level II) provider appeal decisions are considered final.**

**Note: See Section VII for information regarding member appeals. Appeals filed by a member or by a member's Authorized Representative should be directed to the member's health plan.**

## MEMBER COMPLAINTS

- Member complaints may be received through the survey process, provider, referral source, health plan, member or patient advocate.
- Members should be directed to contact Northwood at 1-866-532-1344 or Security Health Plan Member Service department at 1-800-472-2363 to register a complaint or concern.
- Members are encouraged to discuss their concerns with their Northwood provider who often can correct the situation to the member's satisfaction.
- Providers are required to notify Northwood of all member complaints to ensure activation of the Member Complaint and Grievance Process.
- Complaints are investigated by Northwood's Quality Assurance personnel.
- Northwood will contact providers telephonically when complaints require immediate attention. Resolution of the complaint is documented in Northwood's system.
- Providers will be contacted by Northwood, via email or written letter, upon discovery of complaint trends. Providers must return written resolution to Northwood in accordance with the complaint policy guidelines.
- When a Corrective Action Plan is necessary, the provider is required to identify (in writing) the issue's root cause and corrective actions taken
- Northwood performs a follow-up survey with the member to determine if the concern is resolved to the member's satisfaction.
- If the resolution is not to the member's satisfaction, Northwood will notify the member of Security Health Plan's member Complaint and Grievance process.

Northwood monitors the quality and performance of its network providers through its Member Satisfaction Survey and complaint process.

- Northwood reports member complaints to Security Health Plan for quality monitoring and tracking purposes.

## **SECTION VII - MEMBER GRIEVANCE and APPEAL RIGHTS**

Members have a right to file grievances and appeals with their health plan. Appeals and grievances are not delegated to Northwood. Members wishing to file an appeal or grievance need to be directed to contact their health plan via phone or in writing.

## SECTION VIII - CONFIDENTIALITY

### CONFIDENTIALITY OF MEDICAL RECORDS

In accordance with applicable state and federal laws and regulations, Security Health Plan, Northwood and Northwood contracted providers shall not:

- Disclose medical records or information except to an authorized representative of Security Health Plan, Northwood or to a properly identified and authorized government agent and as otherwise specifically provided in the Northwood Participating Supplier Agreement and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.
- Both Northwood and Northwood contracted providers are required to maintain accurate and timely medical records for members describing covered equipment and services and related financial records. These records must be kept for at least six (6) years (children's records must be retained up to age of majority) from the last date of provision of covered equipment, or longer if required by law (e.g. 10 years for Medicare Advantage), regulation or applicable contract. Such records must be kept in a manner that safeguards the privacy of any information that may identify a particular member.
- Northwood and Security Health Plan have the right to inspect and obtain, at no additional charge, copies of all medical records of members.

In addition to the above, Northwood providers shall:

- Have a central file location where records are stored in an adequate filing space and patient records are available and retrievable.
- Ensure patient records are stored and accessed according to the Health Insurance Portability and Accountability Act (HIPAA).
- Store patient records securely in a separate area or room that is accessible only to authorized personnel. If feasible, records area should be locked.

### CONFIDENTIALITY OF BUSINESS INFORMATION

In accordance with Northwood's Participating Supplier Agreement ("PSA") and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement, Northwood providers are bound to hold all confidential or proprietary information or trade secrets of each other in trust and confidence and agree that such information shall be used only for the purposes contemplated in the above named agreements.

## SECTION IX - PARTICIPATION REQUIREMENTS AND CREDENTIALING

### PROVIDER CRITERIA

Northwood requires its providers to meet the following minimum requirements for participation in its network:

- Centers for Medicare and Medicaid Services (CMS) approval/supplier number.
- Accreditation by an independent accrediting organization adopted by CMS.
- National Provider Identifier (NPI)
- State required licensure (if applicable).
- Any required DMEPOS licensure (if applicable) must be in good standing.
- Enrolled as a provider with the State of Wisconsin Medicaid program (ForwardHealth).
- Liability insurance minimums of \$1,000,000 per occurrence/\$2,000,000 annual aggregate.
- Notification to Northwood of changes or termination of such insurance.
- Sound financial standing.
- Possession of manufacturer's warranties on equipment.
- Ability to service equipment according to warranty specifications.
- Available skilled and/or credentialed staff to support services provided.
- Appropriately staffed business hours (8 hours per day).
- Staff available twenty-four hours per day, seven days per week for emergency services.
- After-hours answering service/paging system.
- Providers must use the OIG List of Excluded Individuals Entities (LEIE) and SAM Excluded Parties List upon initial hiring and on an ongoing monthly basis to screen employees to determine if any are excluded from participation in federal health care programs.

- Not currently excluded, terminated or suspended from participation in federal and/or state programs.
  - Under its contracts, if Northwood receives a direct notification from Security Health Plan (via federal and/or state regulatory bodies) to suspend or terminate a provider, Northwood is required to suspend or terminate the provider from its network if the provider contracts with Northwood for Security Health Plan members. (Northwood is not permitted to authorize any providers terminated or suspended from federal and/or state programs to treat members and must deny payment to such providers.)
- Provider has a formal policy that states it does not compensate employees/consultants/contractors or healthcare providers in bonuses, reimbursement or incentives, based on member utilization of health care services. During orientation of new staff and annually, provider reviews potential scenarios that may result in conflict of interest or ethical situations, including those involving financial incentives of staff.
- Participation in quality assurance/utilization review programs, including reviews involving;
  - Determination of appropriate equipment,
  - Complete and detailed member treatment records, available to Northwood/Security Health Plan for review,
  - Emergency visits to member's home/place of residence,
  - Two-hour provision for emergency equipment/service delivery,
  - Member education, including written patient instructions on proper use and maintenance of equipment.
  - Physician contact when necessary to review prescriptions and changes in patient's conditions.
  - Scheduled follow-up visits to member's home or by appointment in provider's facility.
  - Integrity and ethical business practices.
  - Solid community standing.

### PROVIDER CREDENTIALING

During credentialing, Northwood Provider Relations (NPR) does a primary source verification for the specific documents listed below by utilizing, LARA for Michigan Medicaid, Verify Comply and NPPES for the below identified documents.

Documents Required:

Provider Types: DME, Home Health (Certified) and P&O Provider Types:

- CMS approval/supplier number / Medicare ID Report (PECOS)
- Accreditation Certificate/Letter
- Medicaid approval / supplier number and state
- National Provider Identifier (NPI)

All Provider Types:

- W9
- Business Licensure
- Insurance Certificate with the minimum required coverage (**All locations must be listed**)
- Northwood Fraud Waste and Abuse attestation
- Northwood Offshore Services attestation (If applicable- Provider to send executed copy of relevant agreement(s) with offshore service providers for Northwood review).

In addition to the primary source verification Provider Relations will review the submitted ownership documents as well as review if the location(s) are in area where service is sparse or dense. Some of Northwood's Health plan partners may have specific requirements and they will be handled on a plan-by-plan basis.

*Upon Provider submission of an Offshore Services Attestation and associated agreement(s) Provider Relations will submit the applicable documentation to Northwood's Compliance Department for final review and approval.*

## CONTINUOUS MONITORING

Northwood continuously monitors our provider networks credentials and has created and implemented a process to centralize documentation, tracking of provider information related to re-credentialing and compliance status in Northwood's business technology platform. Northwood's PMS (Provider Management System) removes the 'manual' component of keeping the most up to date credentials on file for each provider. PMS decreases the risk of expired credentials by automatically notifying network providers in advance of any expiring credentials. This process helps Northwood by keeping all providers re-credentialled daily. Our PMS system helps Northwood ensure that our credentials are up to date and current. The following credentials will be requested based on expiration dates:

Parent Company Only:  
Insurance (All locations must be listed)

### **All Certified locations:**

Accreditation, Medicare ID Report through (PECOS), Medicaid (if applicable)

### **PMS PROCESS/TIMELINE:**

1. **1<sup>st</sup> Autogenerated** email sent to Provider - **45 Days Prior** to any expiring credential.
  - If Northwood has not received the updated credentials within 5 days of expiring credential(s)
2. **2<sup>nd</sup> Autogenerated** email sent to Provider – **5 Days Prior to any expiring** credential(s)
  - During this time Northwood will cease paying claims and authorizing any new services after the 14<sup>th</sup> day of expiration until receipt of updated credentials by marking the provider ‘suspended’ in our system
3. **3<sup>rd</sup> Autogenerated** email is sent to Provider - **15 Days Past** the expired credential(s)
  - Provider is informed that they will be terminated from the Northwood Provider Network if updated credentials is not received within 30 days.
4. **4<sup>th</sup> Autogenerated** email is sent to Provider – **45 Days Past** the expired credential(s)
  - Provider is informed that they will be terminated from the Northwood Provider Network if updated credentials is not received within 15 days. On the 60<sup>th</sup> day of expired credential(s) Northwood’s PMS system will automatically change the provider status from ‘suspended’ to ‘terminated’.

Northwood utilizes Verify Comply monthly to conduct web-based searches of applicable state and federal exclusion/de-bar lists. Verify Comply performs primary source verification by searching OIG, SAM and any state exclusion lists. Doing so ensures that providers within Northwood’s system have not been added to lists which exclude entities from receiving federal contracts, state contracts, certain subcontracts, and certain federal financial and nonfinancial assistance and benefits. All providers are verified by either, FEIN, Medicaid number, NPI or Medicare number.

### RE-CREDENTIALING PROCESS

Provider’s files will be reviewed on a 36-month rolling basis from the initial effective date the provider contracts with Northwood. NPR will ensure all credentials are up to date as part of its oversight and monitoring. NPR will request updated W9, Business License, Demographics, Fraud Waste and Abuse attestation, Offshore Services Attestation and updated evidence ownership or attestation indicating no change to ownership. Any change of ownership (CHOW) or change/modification to services provided by a provider must be reported to Northwood and continued network participation is subject to Northwood’s approval. A new application may be required.

Documentation of a CHOW or modification to services provided are reviewed and processed by the Provider Relations Manager. This review will include but not be limited to: effective date, ownership change information, or modification to services provided and reason for modification. The Provider Relations manager will notify Northwood management staff of ownership changes and modifications to a provider's services who will in turn notify Northwood staff as necessary.

Northwood considers quality of care issues, member complaints and appeals as well as appropriate utilization of services during its re-credentialing process. Provider complaints are reviewed by the Northwood Quality Assurance Committee and noted by NPR as part of the re-credentialing checklist for use in the re-credentialing process. A record of any provider complaint is maintained in the individual provider permanent file.

The Provider Relations manager will audit and report to the Northwood Quality Assurance Committee on a Quarterly basis: Number of new and re-credentialed providers, checking dates of credentialing and dates information from candidate were received to ensure they coincide. This audit will also include any Northwood network provider with any modifications to their information in Northwood's Provider Management System. Northwood Provider Relations will review a report on a quarterly basis of any Provider Maintenance modifications.

## **SECTION X - LIABILITY INSURANCE REQUIREMENTS**

The following insurance minimums are required for contract participation in accordance with Northwood's agreements with Security Health Plan:

- General liability coverage including products, completed operations liability coverage, and contractual liability coverage with minimum annual limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate and applicable medical professional liability coverage with annual limits of \$1,000,000 per claim and \$2,000,000 annual aggregate.
  - Such coverage shall include provider, its employees and agents at all sites and for all activities related to provision of covered equipment.
- Provider is required to promptly notify Northwood:
  - Upon discovery of any loss, or impairment of required coverage, or;
  - When more than half of any required annual limits have been exhausted or reserved by the applicable insurance carrier;
  - And, submit annually a listing of all Products/Completed Operations losses incurred by provider, including those reported to provider's insurers regardless of whether any such losses have been paid.
- If liability coverage is secured on a "claims made" policy:
  - Provider must purchase a "tail" policy covering a period of not less than five (5) years following termination of the coverage or termination of your agreement with Northwood/Security Health Plan whichever is later, or;
  - Agree to continue to provide the certificate of insurance as outlined in this request for a period of five (5) years after termination of your agreement with Northwood/Security Health Plan.
- Providers are required to name Northwood as a certificate holder and immediately notify Northwood in writing of any lapse or change in coverage. Failure to do so may result in termination from network participation.

## SECTION XI - FINANCIAL INCENTIVE POLICY

Northwood does not reward practitioners, providers, or employees who perform utilization reviews for not authorizing health care services. No one is compensated or provided incentives to encourage denials, limit authorizations or discontinue medically necessary covered services. Denials are based on lack of medical necessity or because a benefit is not covered. Northwood does not make decisions about hiring, promoting, or terminating practitioners or other staff based on the likelihood or the perceived likelihood that the practitioner or other staff member supports, or tends to support, “denial of benefits”.



## SECTION XII - FORMS

1. NORTHWOOD CLAIM STATUS FORM
2. FEE SCHEDULE / POLICY UPDATE ACKNOWLEDGMENT FORM



**Northwood**  
**CLAIM STATUS FORM**

Date of Status \_\_\_\_\_ Provider Contact/Statuses: \_\_\_\_\_

Provider Name and Tax ID: \_\_\_\_\_

Health Plan \_\_\_\_\_

Patient Name: \_\_\_\_\_

Contract/ID Number: \_\_\_\_\_

Claim Number \_\_\_\_\_

Procedure Code(s) Status: \_\_\_\_\_

Usual and Customary Charge(s): \$ \_\_\_\_\_

Date of Service: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Date of First Submission: \_\_\_\_\_

Reason for Claim Status: \_\_\_\_\_

Additional Documentation Submitted (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Additional Comments:

*Status forms are to be used for underpayment or rejected claims only.*

**Mail to: Northwood, Inc.**  
**Attn: Security Health Plan Claims**  
**P.O. Box 510**  
**Warren, MI 48090-0510**

SHP CL-01  
11-13-14



FEE SCHEDULE/POLICY UPDATE ACKNOWLEDGEMENT FORM

Dear Northwood Provider,

Please review the enclosed Fee Schedule, Provider Manual Revisions and/or Policy Updates. One copy of the Fee Schedule, Provider Manual Revisions or Policy Updates has been mailed to the primary location listed on the contract agreement between Northwood, Inc. and the provider. Please copy and distribute to other branch locations as needed.

Northwood's Provider Relations Department requests that you acknowledge your receipt of the above referenced materials dated \_\_\_\_\_. Please sign, date and return a copy of this form via mail (P.O. Box 510, Warren, MI 48090) or fax (586 755 3733).

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**Acknowledgement of Receipt**

I, \_\_\_\_\_ the \_\_\_\_\_ of  
*Authorized Company Representative (Printed Name)* *(Title)*

\_\_\_\_\_ acknowledge receipt of the  
*Company Name*

Northwood Fee Schedule effective \_\_\_\_\_

Northwood DME Manual or Policy Update effective \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Authorized Company Representative*

PA-9  
02-01-10