

Claims

Claim Filing Process

Northwood claims for WellSense New Hampshire Medicaid and Medicare Advantage member services must be submitted electronically. Northwood's national payer ID is: NWOOD.

Electronic Claims: Electronic claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website, www.northwoodinc.com.

Electronic Funds Transfer: Electronic funds transfer (EFT) is available; please visit the Northwood website at www.northwoodinc.com to sign up.

Claims submitted without the required information will be rejected and must be resubmitted within the claim filing limitation timeframe:

- 120-days NH Medicaid
- 365-days NH Medicare Advantage

By exception, paper claims (CMS 1500) may be sent to:

Northwood, Inc.
Attn: WellSense Health Plan Claim
P.O. Box 510
Warren, MI 48090-0510

Northwood Provider Manual - Section V: For more detailed information regarding Claims, please see Section V of the Northwood Provider Manual.

NORTHWOOD SERVICES FOR WELL SENSE HEALTH PLAN MEMBERS (NH Medicaid and Medicare Advantage)

DME • P&O • Medical Supplies



Northwood provider inquiry hours are Monday through Friday 8:00 a.m. to 5:00 p.m. EST. After hours and on weekends, Northwood staff are on-call and can be reached for assistance and emergencies at:

1-866-802-6471



P.O. Box 510
Warren, MI 48090
Phone: 1-866-802-6471
Fax: 1-877-552-6551



Northwood

1-866-802-6471

**Provider Reference
Guide For:**

**Durable Medical
Equipment,
Prosthetics,
Orthotics and
Medical Supplies
Program**



**WellSense
Health Plan**

www.northwoodinc.com

WellSense Health Plan and Northwood

WellSense Health Plan and Northwood have entered into a partnership to arrange for quality, cost-effective durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) for the Plan's members.

How To Request An Authorization



ONLINE

WWW.NORTHWOODINC.COM

Northwood providers must utilize Northwood's online provider portal to submit authorization requests for prescribed durable medical equipment, prosthetic, orthotic and medical supply services.

Go online at <https://providerportal.northwoodinc.com>. To request access to the portal, please contact Northwood Provider Relations or visit <https://providerportal.northwoodinc.com/FormsAndDocumentation/Documentation.aspx>.



FAX

1-877-552-6551

Authorization requests from **non-participating** providers may be faxed to Northwood. An authorization request form is available online at www.northwoodinc.com. Go to 'Providers' and click on the WellSense Health Plan program tab.

Please fax the completed form to Northwood at the number above. It will be processed during regular business hours. If you need immediate service, please contact Northwood at 1-866-802-6471.



PHONE

1-866-802-6471

Providers may also contact Northwood to request an authorization by phone for urgent/emergent requests (i.e. hospital discharge).

To assist with a speedy authorization process, please have all necessary information available - see 'Information Needed to Obtain an Authorization'.

Authorization Required

Authorization is necessary for all WellSense New Hampshire Medicaid and Medicare Advantage members when the purchase (NU) allowed or total rental (RR) allowed is >\$500 based on Northwood's fee schedule and/or when dispensing E1399 or K0108. This applies to members requiring:

- Durable Medical Equipment
- Prosthetics
- Orthotics
- Medical Supplies

Information Needed to Obtain an Authorization

When an authorization is required, to assist with the authorization process, it is essential to have the following information available when contacting Northwood:

- Provider ID Number.
- Member Name/Address/Telephone.
- Member Contact/Telephone.
- Referral Source/Telephone.
- Member's Well Sense ID #.
- Other Insurance Information (if any).
- Diagnosis - ICD-10-CM Code and Description.
- Date of Service.
- Referring Physician.
- Primary Care Physician.
- Level II HCPCS Code.
- Description of Product/Service.
- Manufacturer's Invoice for NOC/IC Codes.
- Service Type (Purchase or Rental).
- Quantity.
- Duration of Need.

Northwood Provider Manual - Section II: For more detailed information regarding Authorization, please see Section II of the Northwood Provider Manual.

Authorizations

Immediate Authorization

Northwood's benefit coordinators will be the provider's initial contact for requesting an authorization. If the request and related equipment/service meet criteria for diagnosis, quantity, standard equipment, etc. - an immediate authorization will be issued to the provider verbally and electronically faxed to the provider for their records. A Northwood authorization number is required on claims submission.

If the requested product/service cannot be authorized by Northwood's benefit coordinators because it does not immediately meet criteria - it will be sent to Northwood's Case Review department.

Case Review Authorization

Cases that cannot be authorized immediately will be sent to Northwood's Case Review department. Northwood's case review team will gather necessary documentation to determine whether an authorization can be granted. If after gathering pertinent medical information a determination can be made to authorize the product/service, Northwood will contact the provider with the authorization number and an electronic authorization form. If Northwood is unable to authorize the product/service, even after receiving additional information - the case will be sent to WellSense Health Plan for their review.

Denials and Appeals

Cases that cannot be authorized by Northwood will be sent to WellSense Health Plan for review.

If WellSense Health Plan determines that the equipment/service can be authorized, the Plan will notify Northwood and Northwood will notify the provider. If the Plan determines that the requested equipment/service does not meet medical criteria, the Plan will issue a denial to the provider and member.

Members (or providers on behalf of Members) who would like to file an appeal must contact WellSense. Northwood is not delegated for member appeals due to medical necessity or benefit determinations.

Providers who need to file a provider appeal (for claims or administrative denials only):

- Claims - submit a Claim Status form found at www.northwoodinc.com under the Provider tab
- Administrative Denials - submit in writing to Northwood mailing address.