



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association



Durable medical equipment, prosthetics, orthotics and medical supplies management program

Frequently asked questions for providers

For Blue Cross commercial

June 2023

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General information

Blue Cross Blue Shield of Michigan selected Northwood, Inc. as its durable medical equipment benefit manager. Northwood administers and manages all aspects of durable medical equipment, prosthetics, orthotics and medical and diabetic supplies (DMEPOS), including prior authorization, provider contracting, provider management, provider appeals, member services and claims payment for Blue Cross’ commercial PPO Trust members (in state only).

When will Blue Cross’ DMEPOS management program with Northwood start?

Northwood began managing the provider network, rendering services to members and accepting authorization requests from contracted providers on its provider portal on Jan. 1, 2021.

Why did Blue Cross contract with Northwood on these services?

Blue Cross has contracted with Northwood on these functions to improve efficiency and cost-effectiveness in the delivery of DMEPOS services to its members.



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Which Blue Cross members or products are affected by the program?

The DMEPOS management program applies to Blue Cross' commercial PPO Trust members who reside in the state of Michigan. The program doesn't apply to self-funded members or to members residing outside the state of Michigan. This program also does not apply to Medicare primary-Blue Cross secondary claims.

How can I identify that a patient must use the Northwood network?

Use our provider portal (availlity.com*) to check the member's benefits and determine whether the services are managed by Northwood.

Which provider types and services are managed by Northwood?

As previously communicated, Blue Cross has contracted with Northwood to manage DMEPOS services and diabetes supplies provided to commercial PPO Trust members by Northwood-contracted providers with the following provider types.

Note: It is important to recognize that diabetes supplies are managed by Northwood for the fully insured commercial PPO Trust members. This includes diabetes testing supplies, insulin pumps and supplies, and continuous glucose monitors and supplies.

Provider types managed by Northwood:

- Durable medical equipment providers
- Wig providers
- Breast prosthesis providers
- Medical supply providers
- Pharmacy providers (who distribute or dispense DMEPOS)
- Orthotics and prosthetics providers
- Oxygen and respiratory equipment providers
- Speech-generating device providers
- Ocular prosthetic providers
- Mobility providers
- Sleep DME providers
- Diabetic supplies



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Provider types that are managed internally by Blue Cross' commercial PPO Trust staff:

- Acute, sub-acute and intermediate care, and rehabilitation hospitals and facilities
- Hearing aid providers
- Physician and mid-level clinicians and corresponding locations
- Allied health practitioners (including podiatrists, chiropractors, physical therapists, occupational therapists, speech therapist and optometrists)
- Outpatient facilities (including outpatient hospitals, ambulatory surgery centers, labs, emergency rooms and urgent care centers)
- Cardiac monitoring providers
- Behavioral health providers
- Ambulance providers

I am interested in becoming a Northwood-contracted provider for Blue Cross' commercial PPO Trust DMEPOS management program. Whom should I contact with questions about applying to the Northwood network?

Providers may call Northwood's Provider Relations department at 1-800-447-9599 or email provideraffairs@northwoodinc.com.

Providers may also fill out an application online by visiting our website at northwoodinc.com* or directly at providerapplication.northwoodinc.com*.

Prior authorization information

Which DMEPOS products and services require prior authorization under this program?

Northwood's DMEPOS management program requires prior authorization of all durable medical equipment, prosthetics, orthotics and medical supplies for all provider types managed by Northwood (see "Which provider types and services are managed by Northwood?" on Page 3), except those items listed on the authorization exclusion list (located in the Northwood provider manual). Northwood-managed providers are required to submit prior authorization requests for all equipment and supplies to Northwood. Northwood will review the requests to determine coverage prior to the provider supplying the product or service.

How does the Northwood DMEPOS management program work?

All requests for DMEPOS products and services (including changes in quantities, frequency and modality) for dates of service on or after Jan. 1, 2021, require prior authorization by Northwood. Providers are required to contact Northwood with the necessary medical information and obtain a Northwood authorization prior to dispensing the requested product or service.

If all the necessary information is submitted, the request is processed by a Northwood benefit coordinator. Some requests may require additional information and are referred to Northwood's Case Review department for further review. If the information submitted doesn't meet Northwood's clinical criteria, the request will be reviewed by Northwood's medical director for review and determination. If Northwood's medical director approves the request, you will receive an authorization fax approval from Northwood — just like you will for other Northwood-approved requests. If Northwood's medical director denies the request, Northwood will issue a denial letter documenting the denial rationale and the member's option for appeal.

How can I submit prior authorization requests or authorization updates to Northwood?

[Michigan's prior authorization law](#)* requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technological problems, such as power or internet outages.

Participating providers can submit authorization requests to Northwood through the Northwood provider portal.

Submit prior authorization requests directly through the Northwood provider portal at providerportal.northwoodinc.com.* Before you can do this, you must register with Northwood. Please contact Northwood to obtain a login ID and password.

To submit authorization requests through Blue Cross (for providers with access to Availity), follow these steps:

1. Login to our provider portal (availability.com*).
2. Click *Payer Spaces* on the menu bar, then click the BCBSM and BCN logo.
3. Click the *Northwood Provider Portal* tile on the Applications tab.

If you're having trouble accessing the Northwood provider portal using this process, contact Availity Client Services at 1-800-AVAILITY (282-4548).

For urgent or emergency requests only, providers may call Northwood on the Blue Cross-dedicated provider line at 1-800-393-6432 during normal business hours (8:30 a.m. to 5 p.m. Eastern time, Monday through Friday), or within two business days when services were provided after hours.



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Alternate methods for submitting prior authorization requests to Northwood

If you're experiencing temporary technological problems that prevent you from accessing the Northwood provider portal, such as a power or internet outage, submit prior authorization requests to Northwood by phone.

Providers may call Northwood on the Blue Cross-dedicated provider line at 1-800-393-6432 during normal business hours (8:30 a.m. to 5 p.m. Eastern time, Monday through Friday).

What is Northwood's prior authorization response time?

If the provider has submitted all of the necessary medical information and the request meets the clinical criteria, the authorization will be processed in real time by Northwood's benefit coordinator. Some requests may require additional information and are referred to Northwood's Case Review department for further review. If the information submitted doesn't meet clinical criteria, the request will be reviewed by Northwood's medical director for review and determination. All determinations will be made in accordance with state or other applicable regulations.

Blue Cross PPO turnaround times

Type of request	Time to request additional information	Time to obtain additional information	Time to decision	Time to initial notification	Time to written notification
Pre-service urgent requests requiring additional information	Within 72 hours from receipt of request	Within 48 hours of notifying provider of the need for additional information	Within 72 hours from receipt of request	Practitioner notified by telephone or fax within 72 hours from receipt of request for approvals or denials	Written notification is given to member and provider within 3 days from initial notification
Pre-service urgent requests with all information	Within 72 hours from receipt of request	Not applicable	Within 72 hours of receipt of request	Practitioner notified by telephone or fax within 24 hours from receipt of request for approvals or denials	Written notification is given to member and provider within 3 days from initial notification

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Type of request	Time to request additional information	Time to obtain additional information	Time to decision	Time to initial notification	Time to written notification
Pre-service nonurgent requests with all information	Within 9 days from receipt of request beginning June 1, 2023	Not applicable	Within 9 days from receipt of request beginning June 1, 2023	Initial notification is given to member and provider within 14 days from receipt of request	Written notification is given to member and provider within 14 days from receipt of request
Pre-service nonurgent requests requiring additional information	Within 7 days from receipt of request	Within 5 days from receipt of request	Within 9 days of receipt of information	Initial notification is given to member and provider within 14 days from receipt of information	Written notification is given to member and provider within 14 days from receipt of information
Post-service requests with all information	Not applicable	Not applicable	Within 30 days of receipt of request	Not applicable	Within 30 days of receipt of request
Post-service requests requiring additional information	Within 24 hours of receipt of request	Within 45 days from receipt of request	Within 14 days of receipt of information	Not applicable	Written notification is given to member and provider within 14 days from receipt of information

What information does Northwood require for a prior authorization request?

The following information is required when requesting an authorization:

- Provider ID number
- Member name, address and telephone number
- Member ID number
- Member contact information (telephone number)



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- Member date of birth
- Referral source contact information (telephone number)
- Other insurance information (if any)
- Diagnoses — ICD-10-CM codes and descriptions
- Date of service
- Primary care physician
- Level II HCPCS code
- Description of product or service
- Service type (purchase or rental) or modifiers
- Quantity
- Duration of need

May I obtain an authorization after-hours or on weekends and holidays?

Northwood's provider portal will accept authorizations after hours and on weekends and holidays for urgent or emergency equipment and supplies. The provider is required to obtain an authorization from Northwood for these requests within the next two regularly scheduled business days.

Is there someone I can speak to after hours or on weekends or holidays?

Yes. Northwood has designated on-call benefit coordinators available 24 hours per day, seven days per week to grant members and providers access to urgent or emergency equipment after hours or on weekends or holidays.

What does Northwood consider to be an urgent or emergency request?

Urgent or emergency requests 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, 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.

What are Northwood's authorization effective periods?

The duration of an authorization will vary based upon service type and medical necessity. Regardless of duration of authorization, an authorization is not a guarantee of coverage or payment. It is the provider's responsibility to verify member eligibility and member out-of-pocket



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information on a monthly basis. Payment by Northwood is always contingent on the member's eligibility and availability of benefits at the time of review. Northwood is not responsible for payment of services provided to members whose coverage has changed or terminated. Additional information on authorization effective periods is referenced in Northwood's provider manual for Blue Cross Blue Shield of Michigan, Blue Care Network and Blue Cross Complete of Michigan.

How does Northwood process authorization requests for quantities exceeding standard guidelines?

Reviews of over-quantity supply requests are based on review of medical documentation and may be authorized for more than 30 days. However, renewal authorizations for over-quantity amounts may require updated documentation.

What are Northwood's rent-to-purchase rental policies?

Rental DME equipment is authorized based upon medical necessity and the appropriate duration of need for the diagnosis submitted at the time of rental. Authorizations for rent-to-purchase items may be extended up to 13 months, at which time the equipment rental payments will end.

What is Northwood's reasonable useful lifetime policy?

Northwood uses the Blue Cross policy on reasonable useful lifetime of equipment which is five years. This is in accordance with Centers for Medicare & Medicaid Services guidelines.

How may I check the status of an authorization request?

Providers may check the status of an authorization request on Northwood's Provider Portal at providerportal.northwoodinc.com.*

Transition and implementation information

I will be a Northwood contracted provider for the Blue Cross' DMEPOS program starting Jan. 1, 2021. What do I need to do for Blue Cross commercial PPO Trust members (Northwood managed) for whom I am currently providing equipment or services so they can receive continuous service (continuity of care)?

Beginning January 1, 2021, all DMEPOS equipment and services need Northwood's prior authorization in order to bill a claim. Beginning Dec. 1, 2020, for all members currently being serviced by your company, Northwood participating providers can submit continuity of care, or



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CoC, authorization request data files to Northwood via the Northwood Provider Portal. Providers can submit either an Excel (XLSX) or pipe delimited text file that follows the Northwood CoC Authorization Requests File Layout (layout attached). Providers will receive a response file after their submission is processed by Northwood.

Authorization requests for **new referrals only** after Jan. 1, 2021, follow standard portal submission processes. For those members under current service with your company, you must submit those requests via the continuity of care data file process outlined above.

Note: Providers supplying or delivering to a non-Michigan address will continue to bill BlueCard® and don't need to obtain authorization from Northwood.

Please review Northwood's provider manual, Northwood's quick reference guide for providers and these frequently asked questions to assist you and your staff in providing services to Blue Cross commercial PPO Trust members after Jan. 1, 2021.

I am currently a DMEPOS provider for Blue Cross and have not contracted with Northwood. What do I need to do for commercial PPO Trust members after Jan. 1, 2021?

Providers not contracted with Northwood will continue to bill Blue Cross Blue Shield of Michigan directly.

Claims information

Where do I submit claims for DMEPOS with a date of service on or after Jan. 1, 2021?

Commercial PPO Trust claims submitted for dates of service on or after Jan. 1, 2021, must be submitted to Northwood electronically by its providers.

For dates of service on or after Jan. 1, 2021, Northwood providers shall not submit claims directly to Blue Cross Blue Shield of Michigan. If you do so, Blue Cross will deny those claims.

Medicare primary claims will automatically cross over to Blue Cross directly for processing. This program does not apply to Medicare primary claims where Blue Cross is secondary.

What information is needed on a claim form?

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



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What is Northwood's claim filing deadline for commercial PPO Trust member claims?

The claim filing time limit is 180 calendar days from the date of service.

When are claims paid?

Northwood will process and remit payment for clean claims within 30 days of receipt.

Does Northwood require a prescription to accompany a claim?

No. Providers must maintain a valid prescription in their files prior to dispensing products or services and the prescription should be available upon audit.

Does Northwood require a prescription to be attached to the claim for ongoing equipment rentals or maintenance supplies, such as urological supplies and CPAP supplies?

No. Providers should maintain valid prescriptions and medical documentation on file in case of audit.

What information is needed on a valid prescription?

A valid prescription, paper or electronic, must include:

- Prescription date (the original date of service must be within 30 days of the prescription)
- Items ordered
- Duration of need
- Quantity
- Name, address and date of birth of member
- Physician signature (stamped signatures are not valid)
- National provider identifier number if the prescription is signed by nurse practitioner

Does Northwood allow stamped physician signatures?

No. Stamped physician signatures on prescriptions are not permitted.

How may I check the status of a claim?

Providers may check the status by using Northwood's Provider Portal at providerportal.northwoodinc.com.*



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Does Northwood have a claim status form?

Yes. The claim status form is included in Northwood's provider manual for Blue Cross, BCN and Blue Cross Complete, and will be accessible on the web at northwoodinc.com.^{*} Claim status forms must be submitted to Northwood within the claim filing limits.

What is the appeal process for a claim denial?

If your claims payment doesn't reflect the amount you anticipated, or you wish to appeal a denial of a claim for another reason, submit a completed claim status form in Section XII of the Northwood provider manual within the claim filing limits and include the following:

- A new claim
- Copy of the original claim
- Supporting documentation
- Northwood's remittance voucher

Does Northwood allow shipping and handling to be billed?

No. Shipping, handling and sales tax aren't eligible for separate reimbursement.

Does Northwood have a refund process?

Yes, occasionally Northwood may be required to request a refund from the provider for reasons, such as retroactive terminations, coordination of benefits and eligibility changes. Northwood will retract payments in those scenarios as provider-level adjustments and providers will see the reason on their remittance advice.

Other

Whom should I contact with questions about the DMEPOS management program?

If you have additional questions about the DMEPOS management program, contact Northwood Provider Relations at 1-800-447-9599 between **8:30 a.m. and 5 p.m. Eastern time, Monday through Friday**.

^{*}Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.



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Northwood Inc. is an independent company that manages both prior authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for various Blue Cross Blue Shield of Michigan and Blue Care Network members.