

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

Frequently asked questions for DMEPOS providers

For Blue Cross commercial, Medicare Plus BlueSM, BCN commercial and BCN Advantage

Revised February 2025

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General information

Northwood, Inc. administers and manages all aspects of durable medical equipment, prosthetics and orthotics, and medical and diabetes supplies (or DMEPOS). This includes managing the supplier network (provider contracting and provider management), prior authorizations, provider appeals and member services, and paying claims.

Northwood does this for Blue Cross Blue Shield of Michigan and Blue Care Network members who reside in Michigan as follows:

Members	Preferred or exclusive
Blue Cross commercial — fully insured groups and individual members	Northwood is the preferred provider. When using the Northwood network, prior authorization is required as discussed in “Which DMEPOS products and services require prior authorization?” on Page 5. Important: If these members don’t use the Northwood network, they may have higher out-of-pocket costs. For Medicare Plus Blue members, see the note below this table about continuous glucose monitor products.
Medicare Plus Blue members <i>For dates of service on or after Jan. 1, 2024</i>	
BCN commercial members <i>For dates of service on or after Jan. 1, 2024</i>	Northwood is the exclusive provider. These members are required to obtain DMEPOS through Northwood. For BCN Advantage members, see the note below this table about continuous glucose monitor products.
BCN Advantage members <i>For dates of service on or after Jan. 1, 2024</i>	

Important: Requirements and options for obtaining continuous glucose monitor, or CGM, products vary. See “What are the requirements and options for obtaining CGM products?” on page 4.

Northwood makes determinations on prior authorization requests submitted by their contracted suppliers.

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Note: This program doesn't apply to:

- Blue Cross commercial members who have coverage through self-funded groups
- Members who reside outside of Michigan
- Members who have a Blue Cross Medicare SupplementSM, Legacy Medigap or MyBlue MedigapSM plan
- Members who have a Medicare complementary product, such as BCN65SM

How can I determine whether a patient is required to use the Northwood network?

You can check member benefits through Blue Cross and BCN's provider portal (availability.com^{*}) to determine whether a service is managed by Northwood.

For additional information, see the "General information" section on Page 2.

Which types of DMEPOS providers and services are managed by Northwood?

Northwood manages:

- 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
- Diabetes supply providers — Diabetes supplies include testing supplies and insulin pumps and supplies

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Note: For Medicare Plus Blue and BCN Advantage members, see the additional information about CGM products in the “General information” section on Page 2.

How do health care providers locate Northwood-contracted suppliers?

To identify Northwood-contracted suppliers, call Northwood at 1-800-393-6432.

Whom should DMEPOS providers contact with questions about applying to the Northwood network?

DMEPOS providers can call Northwood’s Provider Relations department at 1-800-447-9599 or email provideraffairs@northwoodinc.com.

DMEPOS providers may also fill out an application online by going to providerapplication.northwoodinc.com* and creating an account.

What are the requirements and options for obtaining CGM products?

Requirements and options for obtaining CGM products vary depending on the member’s plan.

- **Commercial members:**
 - Blue Cross and BCN commercial members who have **both medical and pharmacy benefits** through Blue Cross or BCN can obtain CGM products through either a DME supplier or a participating network pharmacy.
 - Blue Cross and BCN commercial members who have **only medical benefits** through Blue Cross or BCN must obtain CGM products through a DME supplier.
- **Medicare Advantage members:** For dates of service on or after Oct. 1, 2024, Medicare Plus Blue and BCN Advantage members must obtain continuous glucose monitor products from a participating network pharmacy. Prior authorization could be required in certain circumstances. Exception: UAW Retiree Medical Benefits Trust members with Medicare Plus Blue and BCN Advantage plans are excluded from this change; these members should continue to purchase their CGM products through a DME supplier.

For more information, see the document titled [Continuous glucose monitor products: FAQs for prescribing providers](#).

Prior authorization information

Which DMEPOS products and services require prior authorization?

Northwood makes determinations on prior authorization requests submitted by their contracted suppliers.

Do the following to determine whether a procedure code requires prior authorization through Northwood.

- Check the document titled [Procedure codes for which providers must request authorization](#). Search for procedure codes by following the instructions on the first page of the document.
- To determine whether a procedure code requires prior authorization through Northwood for a specific member, complete the appropriate steps in the document titled [Determining prior authorization requirements for members](#).

Contracted suppliers must submit prior authorization requests to Northwood for durable medical equipment, prosthetics and orthotics, and medical and diabetes supplies for all provider types managed by Northwood. See “Which types of DMEPOS providers and services are managed by Northwood?” on Page 3 for more detailed information.

Northwood reviews requests to determine coverage prior to the contracted supplier providing the product or service.

Note: Items listed on the authorization exclusion list in the Northwood provider manual don't require prior authorization.

How does the DMEPOS management program work?

All requests for DMEPOS — including changes in quantities, frequency and modality — require prior authorization by Northwood. Health care providers must provide the Northwood-contracted suppliers with the necessary information to obtain prior authorization before dispensing products or providing services.

If all necessary information is submitted, the request is processed by a Northwood benefit coordinator. Requests that require additional information are referred to Northwood's Case Review department for further review. One of the following will happen:

- If the request meets clinical criteria, Northwood will approve it. Northwood will fax the authorization approval to the provider.
- If the benefit coordinator or the Case Review department determines that the submitted information doesn't meet Northwood's clinical criteria, the request will be reviewed by a Northwood medical director. One of the following will happen:

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- If the Northwood medical director approves the request, Northwood will fax the authorization approval to the member.
- If Northwood's medical director doesn't approve the request, Northwood will issue a denial letter that documents the denial rationale and the member's option for appeal.

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 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

When do diabetes supplies require prior authorization?

Prior authorization is required for diabetes supplies only in certain circumstances. Examples:

- When the request includes certain supplies, such as insulin pumps, ketone strips and replacement requests

Note: For Medicare Plus Blue and BCN Advantage members, see the additional information about CGM products in the "General information" section on Page 2.

- When quantity limits are exceeded
- When documentation is required
- When the supplier is outside of the Northwood network
- For reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination

In these instances, Northwood will request prior authorization from Blue Cross or BCN.

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

Contracted suppliers can submit prior authorization requests to Northwood as follows:

- For commercial members, [Michigan's prior authorization law](#)* requires prior authorization requests to be submitted electronically. Alternate submission methods are allowed in the case of temporary technical problems, such as power or internet outages.
- For Medicare Advantage members, submit requests using any of the methods outlined in this section.

Submission method	Details
Through the Northwood portal — accessed through Blue Cross and BCN's provider portal	<ol style="list-style-type: none"> 1. Login to our provider portal (availability.com*). 2. Click <i>Payer Spaces</i> on the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Northwood Provider Portal</i> tile on the Applications tab. <p>If you're having trouble accessing the Northwood provider portal using this process, contact Availity Client Services at 1-800-AVAILITY (282-4548).</p>
Through the Northwood portal — accessed through Northwood's website	<p>Providers can access the Northwood provider portal at providerportal.northwoodinc.com.*</p> <p>Before using this method, providers must register with Northwood to obtain a login ID and password.</p>
By phone	<p>Call Northwood on the Blue Cross and BCN-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).</p>

For urgent or emergency requests only: Providers may call Northwood on the Blue Cross and BCN-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 of the date on which services were provided after hours.

How long does the prior authorization process take?

Northwood makes determinations on prior authorization requests within the timeframes listed below.

Note: See “How does the DMEPOS management program work?” on Page 5 for details about the review process.

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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 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
Pre-service nonurgent requests with all information	Within 9 days from receipt of request	Not applicable	Within 9 days from receipt of request	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

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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
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

Can I get an authorization after hours or on weekends or holidays?

You can submit prior authorization requests through the Northwood portal 24/7 — including urgent and emergency requests. Contracted suppliers are required to obtain an authorization from Northwood for these requests within two business days.

How can I check the status of a prior authorization request?

Providers may check the status of a prior authorization request through Northwood’s provider portal at providerportal.northwoodinc.com.*

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

Yes. Northwood has designated on-call benefit coordinators available 24/7 to grant members and providers access to urgent or emergency equipment after hours or on weekends or holidays. Call 1-800-393-6432 to reach an on-call coordinator.

What requests does Northwood consider to be urgent or emergent?

Urgent or emergency requests are defined as situations where one of the following will be true if the request is processed within the routine decision-making time frame:

- The member’s physical condition is such that imminent or serious consequences could affect the member’s health.
- In the opinion of the health care provider, the member would be subjected to severe pain.

How long are prior authorization approvals valid?

The duration of authorizations varies based on the service type and medical necessity.

Prior authorization is not a guarantee of coverage or payment. It is the contracted supplier's responsibility to verify member eligibility and member out-of-pocket information on a monthly basis.

Payment by Northwood is contingent on the member's eligibility and availability of benefits at the time of review. Northwood isn't responsible for payment of services provided to members whose coverage has changed or terminated.

Providers can find additional information on authorization effective periods 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 that exceed standard guidelines?

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

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

Rental DME equipment is authorized based on 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 and BCN policy on reasonable useful lifetime of equipment, which is five years. This is in accordance with Centers for Medicare & Medicaid Services guidelines.

Claims information

Where do I submit claims for DMEPOS?

Submit electronic claims to Northwood.

Note: For dates of service on or after Jan. 1, 2024, providers should submit claims for Medicare Plus Blue, BCN commercial and BCN Advantage members directly to Northwood — not to J&B Medical Supply, an independent company.

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Medicare primary claims will automatically cross over to Blue Cross or BCN directly for processing. As noted earlier in this document, this program doesn't apply to Medicare primary claims where Blue Cross or BCN 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.*

What is the claims filing deadline for Northwood?

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

When are claims paid?

Northwood processes and remits payments for clean claims within 30 days of receipt.

Does Northwood require a prescription to accompany a claim?

No. DMEPOS providers must receive prescriptions prior to dispensing products or services and they must maintain the prescriptions in their files. Prescriptions must be available for audits.

Does Northwood require a prescription to be attached to the claim for ongoing equipment rentals or maintenance supplies?

No, Northwood doesn't require contracted suppliers to attach prescriptions to claims for ongoing equipment rentals or maintenance supplies, such as urological supplies and CPAP supplies. Contracted suppliers must keep prescriptions and medical documentation on file for audits.

What information is needed on a valid prescription?

A valid paper or electronic prescription must include:

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

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Does Northwood allow stamped physician signatures?

No. Stamped physician signatures aren't valid on prescriptions.

How can I check the status of a claim?

Contracted suppliers can check the status through Northwood's provider portal at providerportal.northwoodinc.com.*

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 is accessible on the web at northwoodinc.com.* Submit claim status forms to Northwood within the claim filing limits.

What is the appeal process for a claim denial?

If a claims payment doesn't reflect the anticipated amount or you wish to appeal a denial of a claim, 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
- A copy of the original claim
- Supporting documentation
- The Northwood 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. In those scenarios, Northwood will retract payments as provider-level adjustments. The reason for the retraction will be stated on the remittance advice.



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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.

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.