

Claims

Claim filing process

Submit Northwood claims for Blue Cross Medicare Plus BlueSM PPO members electronically to Northwood directly or through our national payer ID – NWOOD.

NOTE: Submit claims for equipment and supplies delivered outside of Michigan through BlueCard; they don't require authorization.

Electronic claims: Complete electronic claims must be according to HIPAA 837 transaction requirements. Northwood's EDI manual and detailed instructions are at www.northwoodinc.com under the Providers tab.

Electronic funds transfer: Electronic funds transfer is available; sign up at www.northwoodinc.com.

Claim filing timeline

Submit claims for Medicare Plus Blue members within 365 days from the date of service.

Northwood will process clean claims within 30 days of receipt.

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

For more detailed information regarding claims, see Section V of the Northwood Participating Provider Manual For Blue Cross, BCN and Blue Cross Complete Programs.

Northwood services for

**Medicare Plus BlueSM
PPO Members**

Medicare PLUS BlueSM PPO



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

DME | P&O | Medical supplies

For provider inquiries, call:
1-800-393-6432 Monday through
Friday 8:30 a.m. to 5 p.m. Eastern time

Staff is on call for emergencies after
hours and weekend.



Provider Reference Guide for:

Durable medical equipment, prosthetics, orthotics
and medical supplies program



P.O. Box 510
Warren, MI 48090
Phone: 1-800-393-6432
Fax: 1-586-755-3733

Medicare PLUS BlueSM PPO



Michigan residents only

1-800-393-6432

www.northwoodinc.com

Blue Cross Blue Shield of Michigan and Northwood

Blue Cross is working with Northwood to arrange quality, cost-effective durable medical equipment, prosthetics, orthotics and medical supplies for their Medicare Plus Blue members.

How to request an authorization



Online
www.northwoodinc.com

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

Go to <https://providerportal.northwoodinc.com>.

To request access to the portal, contact Northwood or visit <https://providerportal.northwoodinc.com/FormsAndDocumentation/Documentation.aspx>.

NOTE: Submit claims for equipment and supplies delivered outside of Michigan through BlueCard; they don't require an authorization from Northwood.



Phone
1-800-393-6432

Providers may also contact Northwood to request an authorization by phone for urgent requests such as a hospital discharge.

For a speedy authorization process, have all necessary information available – see Information needed to obtain an authorization.

Authorization required

Authorization is necessary for all Medicare Plus Blue members requiring the following:

- Durable medical equipment
- Prosthetics
- Orthotics
- Medical supplies

Exception: Items on the authorization exclusion list.

Authorizations are performed Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. Urgent authorization requests don't need prior authorization. However, these requests must be submitted to Northwood within the next two regularly scheduled business days.

Information needed to obtain an authorization

Have the following information available when submitting an authorization request online.

- Provider ID number
- Member name/address/telephone
- Member contact/telephone
- Member date of birth
- Referral source/telephone
- Member's Blue Cross ID
- Other insurance information (if any)
- Diagnosis - ICD-10-CM code and description
- Date of service
- Referring physician
- Level II HCPCS code
- Description of product/service
- Manufacturer's invoice for NOC/IC codes
- Service type (purchase or rental)/modifiers
- Quantity
- Duration of need

For more detailed information regarding Authorization, see Section II of the Northwood Participating Provider Manual For Blue Cross, BCN and Blue Cross Complete Programs

Authorizations

Routine authorization

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

If the requested product or service doesn't immediately meet criteria, it'll be sent to Northwood's Case Review department.

Case review and denials

Cases that can't be authorized routinely will be sent to Northwood's Case Review department. This team will gather necessary documentation to determine whether an authorization can be granted. If a determination can be made to authorize the product or service, Northwood will contact the provider with the authorization number and an electronic authorization notification. If Case Review can't authorize the product or service, even after receiving additional information, the case will be reviewed by Northwood's medical director. If he or she determines that the requested equipment or service doesn't meet medical criteria, Northwood will issue a denial to the provider and member.

Appeals

If a member or member's authorized representative would like to file an appeal of a medical necessity decision, contact Medicare Plus Blue directly:

Phone: 1-877-241-2583

Mail: Blue Cross Blue Shield of Michigan
Grievance and Appeals Department
P.O. Box 2627
Detroit, MI 48231-2627

Providers who need to file a provider appeal (claims or administrative denials only) may contact Northwood in writing for administrative denials or access the Claim Status form at www.northwoodinc.com under the Provider tab.