



**Participating Provider Manual**  
**For**  
**Blue Cross, BCN and Blue Cross Complete**  
**Programs**



*Effective July 1, 2019*

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## KEY CONTACTS DIRECTORY

Provider Relations	<a href="mailto:provideraffairs@northwoodinc.com">provideraffairs@northwoodinc.com</a>
Claims	<a href="mailto:claims@northwoodinc.com">claims@northwoodinc.com</a>
Utilization Management	<a href="mailto:northwoodUM@northwoodinc.com">northwoodUM@northwoodinc.com</a>
Quality Assurance	<a href="mailto:qualityassurancegroup@northwoodinc.com">qualityassurancegroup@northwoodinc.com</a>
Compliance	<a href="mailto:compliance@northwoodinc.com">compliance@northwoodinc.com</a>

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. (EST)

CLAIMS/INQUIRIES:  
Northwood, Inc.  
ATTN: BCBSM/BCN/BCC Claims  
P.O. Box 510  
Warren, MI 48090-0510

### **Provider Portal**

<https://providerportal.northwoodinc.com>

Provider Inquiry Line:	800-393-6432
Provider Inquiry Fax:	586-755-3878
Business Line:	586-755-3830
Business Fax:	586-755-3733
Website:	<a href="http://www.northwoodinc.com">www.northwoodinc.com</a>



## **INTRODUCTION**

Northwood, Inc. (Northwood) is the exclusive contracted third party administrator and Network Manager for Blue Care Network of Michigan (BCN), Blue Cross Complete (BCC) and Blue Cross Blue Shield of Michigan Medicare Plus Blue<sup>SM</sup> PPO (BCBSM MA PPO) for Durable Medical Equipment (DME), Prosthetic and Orthotic (P&O) devices and Medical Supplies.

This updated information replaces all previous Northwood Provider Manuals pertaining to these Plans. The information contained in this Provider Manual will assist you when providing DMEPOS services to BCN, BCC and BCBSM MA PPO members.

Northwood's Participating Supplier Agreement requires network providers to adhere to Northwood's Policies and Procedures. Policies and Procedures include, but are not limited to:

- Northwood's Fee Schedule
- Assignment for All Services Provided By Your Company
- Authorization
- Member Billing
- Claims Processing
- Member Appeals
- Quality of Service/Member Satisfaction
- Provider Allows Northwood/BCBSM/BCN to Access and Use of Provider's Performance Data
- 24-Hour Emergency Service

## SECTION I - BENEFIT/COVERAGE CRITERIA

Northwood administers BCN's Commercial, Advantage (Medicare), BCC and BCBSM MA PPO Programs in accordance with plan benefits and medical policy guidelines detailed below:

- Covered DMEPOS benefits for BCN Commercial, BCN Advantage and BCC members must be obtained and provided by a Northwood contracted provider. BCBSM MA PPO members should obtain covered DMEPOS benefits from a Northwood contracted provider for in-network cost-sharing to apply.
- Providers may not subcontract covered services to other providers without the consent of Northwood.
- Benefit criteria may vary by employer group, policy and applicable riders.
- The Member's primary care physician must approve all equipment and supplies.
- Equipment and supplies provided under the program are based upon the most medically appropriate and cost-effective, standard item(s). This includes prefabricated versus custom items.
- Shipping, handling, and sales tax are not eligible for separate reimbursement.
- Services must be prior-authorized unless detailed on the Authorization Exclusions List (does not apply to BCC) (see Section II Authorization) or dispensed in urgent/emergent situations as further described below (see After-Hours Retrospective Authorizations).
- Providers should contact Northwood for medical criteria questions.

### **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
- Dispensing order
- Review for cost effectiveness
- Documentation to support the medical need for customized services (e.g. custom versus prefabricated items)

- Confirming that equipment is to be provided in the Member's home. *This program does not cover equipment provided in a hospital or skilled nursing facility.*
- Other 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 requested, unless the request is received after 12:00 PM EST.
- Provide orders received after 12:00 PM EST 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 4 hours of receipt.
- Provide emergency services requested outside of Northwood's regular business hours and obtain authorization (when required) within the next two (2) business days. (See Section II Authorization).

### **ASSIGNMENT - NONDISCRIMINATION**

Northwood providers are required to:

- Provide covered equipment and supplies to Blue Cross Blue Shield/Blue Care Network and Blue Cross Complete 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 Blue Cross Blue Shield/Blue Care Network and Blue Cross Complete 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.
- Blue Cross Blue Shield/Blue Care Network and Blue Cross Complete have 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 the member’s health plan or deny service to the Member prior to case review.
- The Member may choose to upgrade from a standard product.
- It is the responsibility of the provider to inform the Member that there are standard products available that meet plan policy.
- When a Member requests equipment or supply upgrades and qualifies for basic services covered by the plan, the Member is responsible for the difference between Northwood’s allowed payment and the provider’s charge.
- A Member must be advised of his/her estimated payment responsibility and the provider must obtain the Member’s signed consent indicating they have been informed of their responsibility for any outstanding balance.
  - This must take place prior to ordering the product or before the product is delivered (refer to Northwood Waiver Form – Section XI).
  - BCBSM MA PPO and BCN Advantage Members may not sign a CMS Advance Beneficiary Notice (ABN) Form or Northwood Waiver Form. Rather, an Organization Determination (prior authorization) must be requested prior to service.

**There will be no payment to the provider by Northwood or the Health Plan when the provider fails to follow the Case Review or Product Upgrade waiver process detailed above. Additionally, Members may not be charged for services when providers fail to follow the above process according to “Hold Harmless” Section (5.5) of the Participating Supplier Agreement and Member Hold-Harmless and/or MA Member Hold-Harmless Section in the applicable Subcontractor Affiliation Acknowledgment Agreement to each Plan.**

## **BCN ADVANTAGE AND BCBSM MEDICARE ADVANTAGE PPO PROGRAM**

The BCN Advantage and BCBSM MA PPO Programs combine Medicare Parts A and B into Part C. The program provides all Medicare-covered benefits to eligible Members and may add additional benefits not covered by Medicare. These include preventive services, prescription coverage (Part D), vision and dental coverage, etc. DMEPOS services are administered as follows:

- Members 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.
- Northwood providers are required to accept assignment for BCBSM MA PPO and BCN Advantage covered services.
- Medicare documentation and billing requirements must be followed for BCN Advantage and BCBSM MA PPO members.
- Providers must obtain organization determinations for BCBSM and BCN Advantage Members. Refer to Equipment and Supplies Not Normally Considered a Covered Benefit.

## **OXYGEN EQUIPMENT**

The following oxygen requirements apply for all 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.

- Northwood expects a typical oxygen patient to use no more than five (5) portable fills per month. If a Member requires more than five (5) fills in a given month, the provider should contact Northwood's Benefit coordinator staff via Northwood's online authorization portal and request an individual consideration review for E0443.
- Oxygen payments cap at 36 months for all Commercial and Medicare Advantage members.

### **ARRANGING OXYGEN FOR TRAVELING MEMBERS**

When a 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 co-payments apply).
- 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/BCBSM/BCN/BCC 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.*

## **NEBULIZERS**

Based upon the diagnosis, a nebulizer may be reimbursed for rental or purchase.

## **CPAP/BIPAP SUPPLIES**

The following CPAP requirements apply for all Members:

- The CPAP 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.
- Claims for BIPAP humidifiers should be submitted as a rental. BIPAP humidifiers rent to the purchase allowed amount.
- 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. For BCC, per MDHHS, supplies are included in the rental of the PAP device.
- Northwood recognizes there are numerous PAP masks and nasal applications available on the market. As of the date this manual has been published, the following are examples of standard/basic CPAP/BIPAP masks and nasal applications:
  - ResMed - Airfit F10, AirFit F20, AirTouch F20, Mirage Quattro, Quattro Air Full, Quattro FX, Quattro Air Ultra Miragr, Airfit N10, AirFit N20, AirFit P10, Mirage Activa LT, Mirage Activa, Mirage FX, Mirage Micro, Mirage SoftGel, Mirage Vista, Swift FX Bella, Swift FX, Swift LT, SwiftFX, Nano and Ultra Mirage
  - Respirationics - Amara, Amara Gel, Amara View, ComfortFull, Comfort Gel Blue, DreamWear, FitLife Total, Comfort Gel Blue, EasyLife, GoLife, Nuance, Optilife, Pico, TrueBlue and Wisp

- Medicare documentation requirements must be followed for members. Medicaid documentation requirements must be followed for Blue Cross Complete members.
- Providers have 2 business days following delivery/set-up of CPAP/BIPAP 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 Commercial and Advantage members but are subject to quantity/frequency limitations:
 

◦ A7031 Interface replacement for a full mask	1 per month
◦ A7032 Cushion for nasal mask, replacement	2 per month
◦ A7033 Pillow for nasal cannula type, replacement, pr.	2 per month
◦ A7035 Headgear	1 per 6 months
◦ A7030 Full Face Mask	1 per 3 months
◦ A7034 Mask	1 per 3 months
◦ A7027 Combination Oral/nasal mask	1 per 3 months
◦ A7028 Oral cushion for combo mask, replacement	2 per month
◦ A7029 Nasal pillows for combo mask, replacement, pr	2 per month
◦ A7037 Tubing	1 per 3 months
◦ A7046 Water Chamber	1 per 6 months
◦ A4604 Heated Tubing	1 per 3 months
◦ A7038 Disposable Filters	2 per month
◦ A7039 Permanent Filters	1 per 6 months
◦ A7036 Chin Strap	1 per 6 months

## **SECTION II – AUTHORIZATION / AUTHORIZATION EXCLUSIONS**

Northwood must review all equipment and supply requests which require prior authorization to determine coverage, based upon the Member's benefit structure.

Prior authorization is required for all DMEPOS 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 BCN and BCBSM 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 BCN and BCBSM members (does not apply to BCC):

<b>Description</b>	<b>Diagnosis Exempt</b>
<b>Ostomy and Urological supplies (with the exception of NOC codes and A4331)</b>	<b>C26.0, G82.54, G04.1, G82.20, G82.21, G82.22, G83.4, N31.0, N31.1, N31.9, 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> <b>*Rental Nebulizers require an authorization.</b>	<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>• Interface replacement for a full mask (A7031)</b>	<b>G47.30, G47.31, G47.33, G47.36, G47.39</b>

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Effective July 1, 2019

- 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, M23.50, 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, 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
Knee Immobilizer (L1830)	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, 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,
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	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,

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	<p>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, S92.209B, S92.202B, S92.201B, S93.401A, S96.919A, S93.409A, S93.402A, Z98.1, M96.0</p>
Walking Boot, Non-Pneumatic (L4386/L4387)	<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,</p>

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	<b>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</b>
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Although items listed on the Authorization Exclusions List do not require prior authorization, Northwood recommends that providers continue to do so. Prior authorization provides information on applicable riders, member co-insurance, benefit coverage and limitations, and prevents claim rejections for services received by another provider (i.e.; if no authorization is on file, payment will be made to the 1<sup>st</sup> billing provider).

### **AUTHORIZATIONS - GENERAL**

Routine authorization requests must be submitted online. Submit per the below:

- **Online (required method for all routine requests)** – Providers are required to submit requests online at <https://providerportal.northwoodinc.com> and will receive a 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 (urgent/emergent only)** - Call Northwood on the dedicated provider line at (800) 393-6432 during normal business hours (8:30 a.m. to 5:00 p.m. EST, Monday through Friday), or within the next two (2) regularly scheduled business days if emergent/urgent services are provided.
- **Fax (upon request from Northwood staff only)** - Submit a completed Prior Authorization Fax Form to Northwood at (586) 755-3878. If sent after-hours or on weekends, Northwood will respond on the next regularly scheduled business day.

The following information is required when requesting an authorization:

- Provider ID Number
- Member Name/ Address/Telephone
- Contact/Telephone
- Referral Source/Telephone
- Member ID Number
- 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
- Service Type (Purchase or Rental)
- Quantity
- Duration of Need
- Clinical Documentation (as applicable)

Authorizations for services will be provided:

- For equipment and supplies deemed to be benefits under the member's plan.
- When use of the equipment or supply does not exceed the quantity limitation and medical necessity guidelines (i.e.; monthly, yearly, replacement period).
- 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.
- Benefit structure is met including the most cost-effective standard and basic equipment or supply.

Northwood does not require authorization for secondary claims.

### **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 the time it takes to reach the purchase allowance, at which time the equipment rental may cap.
- A limited number of items will reach purchase in less than typical rental timeframes.

- 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 (coinsurance and/or deductibles) information for the effective period of an authorization or for continuing services, on a monthly basis. Providers can do so by visiting Northwood's online authorization portal at **<https://providerportal.northwoodinc.com>**.

Neither Northwood nor the member's Plan is responsible for payment of services provided to Members whose coverage has changed or terminated.

- 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 ACCORDING TO "HOLD HARMLESS" SECTION (5.5) OF THE PARTICIPATING SUPPLIER AGREEMENT AND MEMBER HOLD-HARMLESS AND/OR MA MEMBER HOLD-HARMLESS SECTION IN THE APPLICABLE SUBCONTRACTOR AFFILIATION ACKNOWLEDGMENT AGREEMENT TO EACH PLAN.**

### **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 the Northwood online authorization portal/update feature to request review for a revised authorization. The following information must be included when requesting a review:
  - Current authorization number
  - Patient name
  - Member ID Number
  - Documented reason for change of equipment or supply
- If the member never received the equipment the provider must submit a cancellation request, via the portal, for the initial authorization and submit a new authorization requests for the correct HCPCS code.
- Providers are responsible for maintaining the original authorization. Northwood will not provide duplicate copies of authorizations for billing purposes or after payment has been made. Providers may view and print authorizations via Northwood's provider portal.

## **AFTER HOURS - RETROSPECTIVE AUTHORIZATIONS**

Authorizations are provided during regular business hours: 8:30 a.m. to 5:00 p.m., Monday through Friday.

If an urgent request for services occurs after-hours or on weekends/holidays the provider should request an authorization within two (2) business days. If the item is dispensed after-hours or on weekends/holidays through point-of-service providers (stock/bill) identified by Northwood, the request should be submitted within thirty (30) calendar days.

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 must obtain authorization within the next two (2) business days.
- Members should be informed of their potential financial responsibility for cost-sharing (coinsurance and/or deductibles). The provider must maintain a signed agreement/member acknowledgement of the financial responsibility to include the cost-share amount.

Northwood may issue retrospective authorizations for urgent/emergent and non-routine circumstances. However, for routine requests retrospective authorizations will be denied for provider's failure to obtain authorization prior to delivery or completion of services. Members are held harmless in the event an administrative denial is issued.

### **SECTION III - MEMBER SERVICES**

Covered DMEPOS benefits for Blue Care Network Commercial, BCN Advantage, and Blue Cross Complete. Members must be obtained through Northwood's contracted providers, approved by the Primary Care Physician (PCP), and authorized when required by Northwood. BCBSM MA PPO members should obtain from a Northwood contracted provider for potentially lower cost-sharing liability.

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

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

Members may contact Northwood's dedicated BCBSM/BCN/BCC toll-free line at (800) 667-8496. Members (non-English speaking) requiring language services may contact a Northwood Benefit Coordinator who will coordinate translation services.

Providers must utilize Northwood's online authorization portal.

### **MEMBER BILLING**

- Northwood providers are bound by contract to accept assignment for all covered equipment and supplies rendered to BCBSM/BCN/BCC Members.
- Members are only financially responsible for applicable cost-sharing (coinsurance and/or deductibles); retroactive eligibility terminations by BCBSM/BCN/BCC due to regulator/regulatory requirements or contractual standards; and for non-covered services in accordance with Northwood's Participating Supplier Agreement ("PSA") and applicable Health Plan Addendum/Subcontractor Affiliation Acknowledgement Agreement to the PSA for BCBSM/BCN/BCC. Best practice is to bill member cost-sharing (coinsurance and/or deductibles) after receipt of provider remittance to avoid refund issues and member grievances.

### **MEMBER HOLD-HARMLESS PROVISION**

According to Northwood's Participating Supplier Agreement and each health plan specific Subcontractor Affiliation Acknowledgement by business line to Northwood's Supplier Agreement, providers agree to abide by Northwood Policies and Procedures and to look solely to Northwood for payment of covered equipment and supplies rendered under the applicable programs.

Members are financially responsible only for applicable cost-sharing (coinsurance and/or deductibles) for equipment and supplies that have been approved by the plan and Northwood, providers are prohibited from billing the Member for:

- 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 (within the applicable timeframes) for covered equipment and supplies.
- Claims submitted past Northwood's filing limitations.
- Provider's failure to follow Northwood policies and procedures.
- When the health plan approves equipment upgrades based upon medical review.

## **SECTION IV - PRESCRIPTION REQUIREMENTS**

It is the provider's responsibility to provide 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
- Item Description- HCPCS code(s) acceptable. Must include narrative/alternate description for not otherwise classified code(s).
- Duration of Need
- Diagnosis
- Quantity
- Prescriber 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.
- Ninety-nine month or lifetime prescriptions are permitted for Oxygen rentals, permanent Ostomy, Urological supplies, Nebulizer kits and CPAP supplies that do not exceed quantity limits approved by Northwood and the health plan.

## **SECTION V - CLAIMS**

### **FILING PROCESS**

- Claims must be submitted to Northwood **electronically**, 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 include their National Provider Identifier (NPI) on all claims.

<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**

- BCN Commercial, BCN Advantage and BCC claims must be submitted to Northwood within 180-days from the date of service (DOS), unless 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 limitation begins from the date of the Explanation of Payment (provider remittance) of the other carrier. This deadline applies to first-time claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limit, claims will be denied.
- BCBSM MA PPO follows Medicare claims submission guidelines. To be eligible for reimbursement, claims must be filed within one year (365 days) from 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.
- Stockings for Medicare Primary/BCN/BCC secondary members do not require submission to Medicare for denial; however, providers must obtain prior authorization and bill Northwood within the 180-day filing limitation.
- Filing limitations apply to all claims, including claims previously submitted and returned for missing or incomplete documentation. Northwood and the Plans 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 claim status (claim denials or corrected claims) must be submitted to Northwood within the claim filing limitations noted above per business line.
- Electronic claims are required. Paper claims (upon exception) are to be submitted to the following address:

NORTHWOOD, INC.  
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:
  - Provider Name/ Address/ID Number.
  - Member Name/ Address/Telephone.
  - Contract Number.
  - Date of Birth.
  - Other Insurance Information (if any).
  - Diagnosis (ICD-9-CM Code and Description).
  - Date of Service.
  - Referring Physician and NPI.
  - 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.
- Claims payment shall be limited to Northwood's allowable fee less any member cost-sharing (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. Secondary claims submitted to Northwood electronically must include primary payment information pursuant to Northwood electronic claims submission procedures (available at [www.northwoodinc.com](http://www.northwoodinc.com)). If a secondary claim is submitted via paper (upon request of Northwood personnel only), a hard copy of the provider remittance advice must be submitted with your hard copy claim to Northwood and include the primary payment information in the appropriate boxes or the claim will be mailed back requesting that information.
- Northwood's payment for a service or supply as the secondary payer (non-Medicare) 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's payment for a service or supply as the secondary payer to Medicare will be based upon Medicare's allowed amount.
  - Note: BCBSM calculates COB liability for MA PPO claims which is then reported to the provider via the provider remittance.
- Northwood does not reimburse for the difference between the billed and primary insurance allowable.
- 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.

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

- Providers are required to obtain all insurance information from the Member, including Worker's Compensation insurance.
- For Blue Cross Complete claims, Blue Cross Complete is a Medicaid managed care plan and payer of last resort when any other type of insurance coverage exists. For other Plans, as applicable, Northwood follows Coordination of Benefits guidelines from the National Association of Insurance Commissioners (NAIC).
- A claim may be rejected if a provider does not complete the other insurance section of the claim form.

## **PROVIDER REMITTANCE ADDRESS**

- Northwood maintains a fully electronic payment system for contracted providers. Claim remittances will be emailed to the remittance contact on file (obtained during credentialing).
- Providers need to notify Northwood in writing on company letterhead of any address changes to 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. Providers may search for provider remittances via Northwood's Provider Portal at <https://providerportal.northwoodinc.com>.

## **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.

## **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.

For the latest details related to HIPAA EDI transactions, please see the Northwood Provider EDI Manual, which is available in the Provider section of the Northwood website at <https://northwoodinc.com/northwood-providers/> under the Electronic Claims section.

## **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 (see Section XII) within the claim filing limits noted above per business line 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.

## **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 THESE CONTRACTS.***

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.
- Member dissatisfaction with provider service or staff, as perceived by the member, Northwood or the member's Plan.
- Involving plan members in provider/Northwood administrative or contractual matters.

### **PROVIDER COMPLAINT 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 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.
- A Provider may submit a provider appeal to Northwood, in writing, to request reconsideration of a previous decision
- Timeframes for the 1<sup>st</sup> level appeal:

Provider's must submit an appeal within 30 days from date of denial. Northwood will provide an appeal decision within: 30 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 date of decision and will not to exceed 30 days from date of receipt of the appeal.

- Written appeals should be submitted in letter format including any additional information or details deemed necessary. Appeals should be directed to:

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

- 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 1-800-667-8496. Appeal decisions are usually rendered within 30 calendar days of receipt of an appeal.
- If an initial provider appeal (Level I) as outlined above results in a denial, a provider may file a second (Level II) provider appeal.
- Timeframes for the 2<sup>nd</sup> level appeal:

Provider's must submit an appeal within 15 days from the date of upheld denial. Northwood will provide an appeal decision within 15 days from date of receipt of appeal. If the denial is upheld, Northwood will mail a letter within: 24 hours from date of decision; and will not to exceed 15 days from date of receipt of the appeal.

- Providers shall follow the procedure described above and clearly indicate that their submission is a second (Level II) provider appeal. Second (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.

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

- Northwood routinely performs Member Satisfaction Surveys for its health plan Members.

## **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 (800) 667-8496 or the member's health plan to register a complaint or concern.
- Members are encouraged to discuss their concerns with the provider who often can correct the situation to the Member's satisfaction.
- Providers are required to notify Northwood of all Member complaints for initiation 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 the Member Complaint and Grievance Process.
- Northwood reports Member complaints to the health plan for quality monitoring and tracking purposes.
- As program administrator, all Member and provider requests for equipment reviews, appeals (provider only) and inquiries must be processed through Northwood. Do not submit requests directly to the member's health plan.

## **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 statutes and regulations:

- Northwood, Northwood contracted providers and the member's health plan shall not disclose medical records or information except to an authorized representative of the member's health plan, Northwood or to a properly identified and authorized government agent and as otherwise specifically provided in the Northwood Participating Supplier Agreement and applicable health plan specific Subcontractor Vendor Affiliation Acknowledgement Agreement.
- Both Northwood and Northwood contracted subcontractors are required to maintain accurate and timely medical records for Members describing covered equipment 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, 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 the member's 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 or secure electronic format and ensure 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 an appropriate electronic format or 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 and applicable health plan specific Subcontractor Affiliation Acknowledgement Agreement to Northwood's Participation Supplier Agreement, Northwood and 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 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 in its state Medicaid to service Medicaid members. Providers must be enrolled and active with CHAMPS to service Blue Cross Complete members.
- Acceptable levels of liability insurance as outlined in Section X, Liability Insurance Requirements.
- Notification to Northwood of changes or termination of such insurance.
- Sound financial standing.
- A preference for five (5) or more years in the DMEPOS business.
- 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 Provider List (EPLS) 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. All exclusion list checks must be

performed in a manner that is verifiable and verification must be available upon request.

- Not currently excluded, terminated or suspended from participation in any federal or state program or on any exclusion or preclusion list. In addition:
  - Michigan Medicaid - Under its contracts, if Northwood receives a direct notification from Blue Cross Complete (via Michigan Medicaid/CHAMPS enrollment) 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 Blue Cross Complete members. (Northwood is not permitted to authorize any providers terminated or suspended from Michigan Medicaid 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 health care 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 and member's 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**

Providers must submit and update the following credentialing information to Northwood during the initial credentialing process:

1. A copy of your National Supplier Clearinghouse (NSC) document indicating CMS's approval and assignment of your Medicare supplier number(s);
2. A copy of your Medicaid approval/supplier number (indicate which states and list by state);
3. A copy of your accreditation letter or certificate for Durable Medical Equipment issued by an independent accrediting organization adopted by CMS (e.g., JCAHO);
4. A copy of your Prosthetic/Orthotic certification/accreditation (e.g., ABC);
5. A copy of your state license (as applicable);
6. A copy of your Business License (any one of the below is acceptable):
  - a. Manufacturer Wholesaler License
  - b. Pharmacy License
  - c. Articles of Incorporation
  - d. Business Corporation
  - e. Sales Tax License
  - f. DEA
7. A complete copy of your current liability insurance certificate or declaration page (face sheet) of your insurance policy (provider must name Northwood as a certificate holder so renewal certificates will be sent directly to Northwood). The document should include the name of the company, name of applicant, policy number, dates of coverage and amounts of coverage (with a minimum of coverage outlined in Section X Liability Insurance Requirements);
8. A copy of your National Provider Identifier (NPI) notification;
9. A copy of your Sales Tax License (if applicable);
10. Copies of any other certifications held;
11. Copy of Ownership Disclosure form.

Northwood re-credentials its participating providers on a biannual basis. As part of the re-credentialing process, Northwood sends a provider profile form and re-credentialing checklist. Providers are requested to complete all information on the provider profile form and send updated documents listed on the re-credentialing checklist (i.e. copies of licenses, accreditations, insurance, etc.) that were utilized for the initial credentialing process to Northwood by the date indicated on the re-credentialing form and or email communication.

It is the responsibility of the provider to notify Northwood in writing of any changes to the information initially supplied on the Northwood Participating Provider Application including:

- Additions or deletions to locations.
- Address changes, phone, fax, key personnel.
- Changes to remittance address.
- Changes to ownership.
- Insurance coverage changes.
- Federal Tax ID numbers.

Northwood will make its best efforts to accommodate the addition of newly added locations of the provider. Requests should be directed to the Provider Relations department.

Changes to ownership will require reapplication into the network. Upon notification from Northwood, providers will be required to submit a completed re-credentialing application and all requested supporting documentation.

### **RE-CREDENTIALING PROCESS**

Northwood re-credentials its contracted providers biennially.

As part of the re-credentialing process, providers are requested to send updated documents that were utilized for the initial credentialing process to Northwood by the date indicated on the re-credentialing form. The re-credentialing documents include, but are not limited to:

1. Center for Medicare (CMS) approval/supplier number
2. Medicaid approval/supplier number (indicate which States and list by State)
3. Copy of Accreditation certificate
4. Copy of NPI notification information
5. Copy of General Liability coverage with minimum limits of \$1,000,000 and Products/Completed Operations Liability coverage with minimum limits of \$2,000,000
6. Copy of W-9
7. Copy of state license (as applicable)
8. Copy of Business License (any one of the below is acceptable):
  - i. Manufacturer Wholesaler License
  - ii. Pharmacy License
  - iii. Articles of Incorporation/Organization
  - iv. Business Corporation
  - v. Sales Tax License
  - vi. DEA
9. Copy of Ownership Disclosure form from you CMS 855S Application
10. Complete Fraud, Waste and Abuse Questionnaire

Failure to respond to the re-credentialing notice may result in termination from Northwood as a DMEPOS services provider.

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

The following insurance minimums are required for contract participation in accordance with Northwood's agreements with Blue Cross Blue Shield/Blue Care Network, Blue Cross Complete and other contracted payers:

- General Liability coverage with minimum limits of \$1,000,000 and Products/Completed Operations Liability coverage with minimum limits of \$2,000,000.
  - 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/BCBSM/BCN/BCC, 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/BCBSM/BCN/BCC.
- 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 or limited authorization or to 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 WAIVER OF LIABILITY**
- 2. NORTHWOOD CLAIM STATUS FORM**
- 3. FEE SCHEDULE / POLICY UPDATE ACKNOWLEDGMENT FORM**



PATIENT ADVANCE NOTICE/WAIVER OF LIABILITY OF NONCOVERED SERVICES OR  
HIGHER GRADE/DELUXE EQUIPMENT OR SUPPLIES

Provider Name:		NPI:
Member Name:		Contract/ID #:
Health Plan:		Date of Service:
Equipment/Supply Requested:		
HCPCS Codes:		
<p>The equipment/supply being prescribed and requested will probably not be covered by your health plan because it is a:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Noncovered item</span> <span><input type="checkbox"/> Higher Grade/Deluxe Equipment</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Reason not covered_____</span> <span><input type="checkbox"/> Standard Equipment:_____</span> </div>		
Provider Charge: \$       .	Expected Insurance Payment: \$       .	Expected Member Liability: \$       .
Northwood Benefit Coordinator Name:		Date Contacted:
<p>If you believe a service will not be covered, you will need to contact Northwood and speak to a Benefit Coordinator.</p> <p>This notice gives an opinion regarding nonpayment or noncoverage for equipment or supplies by your health plan. It is not an official decision by your plan. If you would like to receive an official decision from your health plan prior to receiving and paying for the prescribed and requested equipment/supply we can contact your health plan.</p> <p>By signing and dating below, I understand that my insurance may not pay for the equipment/supplies I am receiving today or they may not pay the full amount (less any applicable deductibles, coinsurance, co-pays, etc. which are member responsibility). It is my decision to receive the equipment/supply irrespective of its coverage and that the charges will be my responsibility.</p>		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Print Name</span> <span>Signature</span> <span>Date</span> </div>		
If you have questions about this notice or about your plan billing or coverage, please call your health plan's customer service number.		

#### FORM INSTRUCTIONS:

In order to bill a member for noncovered or deluxe equipment, the provider must first obtain a signed, appropriate advanced notice/waiver of liability. This form may be used to obtain the member's advanced permission to bill the member for noncovered/deluxe equipment.

If a provider believes that an equipment/service will not be covered, or is a higher-grade/deluxe item, Northwood must be contacted to verify benefits. If the determination is that the equipment is noncovered or deluxe, the member may choose to have the item dispensed without receiving a formal health plan determination/decision. Prior to dispensing the noncovered or deluxe equipment, the member must acknowledge liability in writing by signing an advance notice/waiver of liability. If a provider will be billing a member for noncovered or deluxe equipment, the provider must inform the member before services are rendered and the member must agree in writing to the arrangements regarding the cost of the equipment/service and payment terms.

This form must be filled out in its entirety. When indicating that the item is noncovered, providers must state a reason for noncoverage; i.e. not medically necessary, experimental/investigational, etc. Also, in the boxes provided fill in the equipment (including HCPCS codes) being provided, the charge for the equipment, any anticipated health plan payment and the potential amount of member liability. Document the name of the benefit coordinator that was contacted at Northwood and indicated that the item was noncovered/deluxe.

After completely filling out all the fields on the document - have the member print their name, sign, and date the document. After the member signs, give a copy of the signed notice/waiver to the member and keep the original on file in the Member's record.

#### OTHER INSTRUCTIONS:

If it is determined by Northwood that the item is noncovered or deluxe, a Member may be given the option to receive a formal decision from their health plan or continue with obtaining the equipment/service by signing an advanced notice/waiver. If the member chooses to receive a formal health plan decision, the provider must submit the request to Northwood and include supporting documentation, i.e. prescription, LOMN, etc.



**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: Claims**  
**P.O. Box 510**  
**Warren, MI 48090-0510**



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).

---

**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*