

Durable medical equipment and prosthetics and orthotics

For authorization determinations

May 2021

UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by contracted vendors.

Utilization management programs focus on ensuring that patients get the right care at the right time in the right location through the authorization process.

These programs are provided by the vendors listed below.

Utilization management

[Northwood, Inc.](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

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Northwood, Inc.

Northwood manages both authorizations and the supplier network for durable medical equipment and prosthetics and orthotics.

Northwood makes determinations on prior authorization requests submitted by their contracted suppliers as follows:

Item	For these groups and individual members
Diabetes supplies under the medical benefit	<ul style="list-style-type: none"> • Blue Cross commercial • Fully insured groups • Members with individual coverage
DME, including diabetic shoes and inserts	<ul style="list-style-type: none"> • Blue Cross commercial <ul style="list-style-type: none"> ○ Fully insured groups ○ Members with individual coverage
P&O	<ul style="list-style-type: none"> • Medicare Plus BlueSM — All groups and all members with individual coverage • BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage • BCN AdvantageSM — All groups and all members with individual coverage

Resources

northwoodinc.com/northwood-providers**

For Blue Cross commercial

- See the [Frequently Asked Questions: Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies Management Program](#) document.
- See the [Northwood DMEPOS Management Program Procedure Codes Requiring Prior Authorization](#) document.
- See the Durable Medical Equipment, Medical Supplies, and Prosthetics and Orthotics Services chapter of the *Blue Cross PPO Provider Manual*.

For Medicare Plus Blue

- See the “Durable medical equipment, diabetic supplies, and prosthetic & orthotic” section of the [Medicare Plus Blue PPO Provider Manual](#).

For BCN commercial

- See the [Utilization Management](#) chapter of the *BCN Provider Manual*.

For BCN Advantage

- See the [Utilization Management](#) chapter of the *BCN Provider Manual*.
- See the [BCN Advantage](#) chapter of the *BCN Provider Manual*.

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ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross PPO Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for authorization through web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and obtaining authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

**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.