



Northwood Prior Authorization Request Form for the BMCHP/Well Sense Program

Telephone: 1-866-802-6471 Fax: 1-877-552-6551

DMEPOS Provider Information					
Date Of Request:		NW Provider ID #:			
Provider Name/City/State:					
Contact Person:		Phone #:		Fax#:	
Patient/Member Information					
BMCHP ID #:			Date of Birth:		
Last Name:			First Name:		
Patient Phone #:		Patient Height:		Patient Weight:	
Ordering Physician Name:					
Ordering Physician Phone #:			Ordering Physician NPI #:		
Other Insurance Name:			Other Insurance #:		
Equipment/Medical Supply Information					
Date of Service	HCPCS Code	Diagnosis Code (ICD-9/10)	Modifier (NU/RR/BO/BA)	Modifier (RT/LT)	Quantity
Utilization Management Section					
Have you attached the medical documentation necessary to review this request? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. requests for over-quantity should have valid prescription and LOMN attached; requests for Enteral nutrition should have valid prescription (height, weight, BMI), LOMN and growth charts (infants).					
Is this an urgent/emergent request? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was this dispensed from a loan closet or stock and bill? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Manufacturer cost invoices must be submitted for NOC/IC codes. If this is an NOC/IC code request, have you attached your manufacturer cost invoice? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Important Note Section					
To document medical necessity for the item/service requested above, the written diagnosis and supporting clinical information must be attached and included with your request, and be signed by a qualified practitioner (PCP, treating Physician/ARNP).					
All durable medical equipment, prosthetics, orthotics and medical supply (DMEPOS) services require a preauthorization. If any DMEPOS service is provided without a preauthorization, the claim will be denied.					
Authorizations are performed Monday thru Friday, 8:30 a.m. to 5:00 p.m. Urgent/emergent requests for services performed after-hours or on weekends need to be requested within the next two (2) scheduled business days. Requests for authorizations requested outside the timeframes will result in an Administrative Denial.					
If you do not receive a response to your fax request within 2 business days please call Northwood at 1-866-802-6471.					