Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

TurningPoint Healthcare Solutions

Musculoskeletal procedure authorizations

Frequently asked questions for providers

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

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General information

Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with TurningPoint Healthcare Solutions LLC for some musculoskeletal services. TurningPoint work with physicians and facilities to reduce surgical treatment variability, to promote safety and quality-of-care improvements and to provide support for your patients.

As part of this program, Blue Cross and BCN have delegated utilization management functions to TurningPoint for certain musculoskeletal surgical and other related procedures, as follows:

- **For dates of service on or after July 1, 2020,** TurningPoint manages the following procedures for the specified members:

Procedures	Members
Joint replacement surgeries and other related arthroscopic procedures	• Medicare Plus Blue • BCN commercial • BCN Advantage℠
Spinal procedures	• BCN commercial • BCN Advantage

- **For dates of service on or after Jan. 1, 2021**, TurningPoint also manages the following procedures for the specified groups and members:

Procedures	Groups and members

Pain management procedures	• Blue Cross commercial
	  ○ All fully insured groups
	  ○ Select self-funded groups
	  ○ All members with individual coverage
	• All Medicare Plus Blue members
	• All BCN commercial members
	• All BCN Advantage members

Joint replacement surgeries and other related arthroscopic procedures	Blue Cross commercial • All fully insured groups • Select self-funded groups • All members with individual coverage

Spinal procedures	• Blue Cross commercial
	  ○ All fully insured groups
	  ○ Select self-funded groups
	  ○ All members with individual coverage
	• All Medicare Plus Blue members

To determine which Blue Cross commercial members require prior authorization, see “How do I know if I need to request prior authorization from TurningPoint for members who have coverage through Blue Cross commercial plans?” on page 14.

As a quick reference, the following table specifies the date of service on which TurningPoint began or will begin managing authorizations for each line of business.

Service	TurningPoint began or will begin managing authorizations			
	Blue Cross commercial	Medicare Plus Blue	BCN commercial	BCN Advantage
Joint procedures	Jan. 1, 2021	July 1, 2020	July 1, 2020	July 1, 2020
Pain management procedures	Jan. 1, 2021	Jan. 1, 2021	Jan. 1, 2021	Jan. 1, 2021
Spine procedures	Jan. 1, 2021	Jan. 1, 2021	July 1, 2020	July 1, 2020

For more information, see “Which procedures require authorization through TurningPoint?” on page 6.

What is TurningPoint?

TurningPoint provides an innovative musculoskeletal surgical quality and safety management program through which patients, payers and providers collaborate to improve the quality and affordability of health care services.

TurningPoint’s comprehensive solution integrates evidence-based utilization management guidelines with clinical best practices, site-of-service optimization for select procedures, specialized peer-to-peer engagement, device and recall management, innovative quality programs and advanced reporting and analytics to promote the overall health management of each member.

Which providers are affected by this agreement?

All musculoskeletal (orthopedic, spine, neurosurgical and pain management) providers whose members fall under the enrolled plans are affected.

Which procedures require authorization through TurningPoint?

For members with the plans specified earlier in this document, TurningPoint manages authorizations for:

Type of procedure	Details
Orthopedic surgical procedures	*Including all associated partial, total and revision surgeries* • Knee arthroplasty • Unicompartmental/ bicompartmental knee replacement • Hip arthroplasty • Shoulder arthroplasty • Elbow arthroplasty • Ankle arthroplasty • Wrist arthroplasty • Acromioplasty and rotator cuff repair • Anterior cruciate ligament repair • Knee arthroscopy • Hip resurfacing • Meniscal repair • Hip arthroscopy • Femoroacetabular arthroscopy • Ankle fusion • Shoulder fusion • Wrist fusion • Osteochondral defect repair
Pain management procedures	• Epidural steroid injections • Selective nerve root blocks • Facet joint injections • Sacroiliac (SI) injections • Spinal neurotomy/ablations • Implantable pain pumps

Spinal surgical procedures	*Including all associated partial, total and revision surgeries*
	• Spinal fusion surgeries
	  ○ Cervical
	  ○ Lumbar
	  ○ Thoracic
	  ○ Sacral
	  ○ Scoliosis
	• Disc replacement
	• Laminectomy/discectomy
	• Kyphoplasty/vertebroplasty
	• Sacroiliac joint fusion
	• Implantable pain pumps
	• Spinal cord neurostimulator
	• Spinal decompression

To view the procedure codes for which TurningPoint manages authorizations, see the Musculoskeletal procedure codes that require authorization by TurningPoint document.

Notes:

- Where appropriate, the code list indicates the procedures codes for which Medicare Plus Blue Utilization Management or eviCore previously managed authorization requests.
- This list is updated from time to time and is subject to members' benefits, to medical policy changes and to updates to American Medical Association coding guidelines.

Does this change affect services that are currently managed by eviCore healthcare?

Yes. For dates of service on or after Jan. 1, 2021, eviCore no longer manages:

- Lumbar spinal fusion surgeries for Blue Cross commercial fully insured groups, Blue Cross commercial members with individual coverage and Medicare Plus Blue members
- Pain management procedures for Blue Cross commercial fully insured groups, Blue Cross commercial members with individual coverage, Medicare Plus Blue members, BCN commercial members and BCN Advantage members

For dates of service prior to Jan. 1, 2021, you can find the codes for the procedures eviCore manages in the Procedures that require authorization by eviCore healthcare document.

- For Blue Cross commercial and Medicare Plus Blue members, see the following sections:
  - "Lumbar spinal fusion codes"
  - "Pain management"
- For BCN commercial and BCN Advantage members, see the "Pain management" section.

You can find this document on the ereferrals.bcbsm.com website by clicking *Blue Cross* or *BCN* and then clicking *eviCore-Managed Procedures*.

What are TurningPoint's hours and days of operation?

TurningPoint staff are available by phone from 8 a.m. to 8 p.m. Eastern time Monday through Friday, excluding holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day).

You can contact TurningPoint toll-free at 1-833-217-9670 or locally at 313-908-6040.

If a provider needs to request a prior authorization after hours or on weekends or holidays, TurningPoint medical professionals are on-call 24 hours a day, 7 days a week.

How do I register for direct access to the TurningPoint Provider Portal?

If you have access to Blue Cross and BCN's Provider Secured Services, you can access the TurningPoint Provider Portal through Provider Secured Services. You don't need to register with TurningPoint. See "How do I submit authorization requests to TurningPoint?" on page 12 for more information.

To access the TurningPoint Provider Portal through the TurningPoint website, you must register with TurningPoint. To register:

1. Go to myturningpoint-healthcare.com.**
2. Click *Register for access* under the Login Now button.
3. Fill out a validation form and submit the form to TurningPoint.

If you have questions or need assistance, email TurningPoint at portalregistration@turningpoint-healthcare.com.

How do I access the TurningPoint Provider Portal?

See "How do I submit authorization requests to TurningPoint?" on page 12.

Whom do I contact with questions regarding the program?

For questions regarding TurningPoint's surgical quality and safety management program or to set up an in-service with your practice, call TurningPoint at 313-908-6041. You'll be directed to a provider engagement specialist.

Authorizations

Who is responsible for requesting prior authorization?

The physician or provider office that will perform the procedure is responsible for requesting prior authorization.

TurningPoint prior authorizations cover both the procedure and the place of service.

We recommend that the ordering physician or provider office secure the prior authorization and provide the authorization number to the facility or providers when they schedule the procedure.

Note: For musculoskeletal surgeries that are authorized by TurningPoint, facilities don't need to request separate prior authorizations. For more information, see "If TurningPoint authorized a member for an outpatient procedure but the member has a medical reason for an extended stay, how should the facility submit the prior authorization request?" on page 25.

Should I submit prior authorization requests directly to TurningPoint?

See the sections below to determine where to submit prior authorization requests based on the type of procedure, the member's plan and the date of service.

- Joint replacement surgeries and other related arthroscopic procedures
- Pain management procedures
- Spinal surgeries — cervical
- Spinal surgeries — lumbar
- Spinal procedures — Catheter implantations on spine and spinal cord, reservoir pump/pump implantation procedure on spine and spinal cord, and neurostimulator (spine) procedures

For information about submitting retroactive authorization requests, see "Can I submit a retroactive authorization request?" on page 24.

Joint replacement surgeries and other related arthroscopic procedures

Plan or group	Date of service	Details
• Medicare Plus Blue • BCN commercial • BCN Advantage	On or after **July 1, 2020**	Submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.
Blue Cross commercial • All fully insured groups • Select self-funded groups • All members with individual coverage	Prior to **Jan. 1, 2021**	Prior authorization isn't required.
	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

Pain management procedures

Plan or group	Date of service	Details

• Blue Cross commercial
  ○ All fully insured groups
  ○ Select self-funded groups
  ○ All members with individual coverage
• Medicare Plus Blue
• BCN commercial
• BCN Advantage
	Prior to **Jan. 1, 2021**	Submit prior authorization requests to eviCore. See Services reviewed by eviCore for Blue Cross and BCN for more information.

	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

Spinal surgeries — cervical

Plan or group	Date of service	Details
• BCN commercial • BCN Advantage	On or after **July 1, 2020**	Submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

• Blue Cross commercial
  ○ All fully insured groups
  ○ Select self-funded groups
  ○ All members with individual coverage
• Medicare Plus Blue
	Prior to **Jan. 1, 2021**	Prior authorization isn't required.

	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

Spinal surgeries — lumbar

Plan or group	Date of service	Details
• BCN commercial • BCN Advantage	On or after **July 1, 2020**	Submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

• Blue Cross commercial
  ○ All fully insured groups
  ○ All members with individual coverage
• Medicare Plus Blue
	Prior to **Jan. 1, 2021**	Submit prior authorization requests to eviCore. See Services reviewed by eviCore for Blue Cross and BCN for more information.

	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.
Select Blue Cross commercial self-funded groups	Prior to **Jan. 1, 2021**	Prior authorization isn't required.
	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

Spinal procedures — Catheter implantations on spine and spinal cord, reservoir pump/pump implantation procedure on spine and spinal cord, and neurostimulator (spine) procedures

Plan or group	Date of service	Details
Blue Cross commercial • All fully insured groups • Select self-funded groups • Members with individual coverage	Prior to **Jan. 1, 2021**	Prior authorization isn't required.
	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

Plan or group	Date of service	Details
Medicare Plus Blue	Prior to **Jan. 1, 2021**	Continue to submit prior authorization requests through the e-referral system. For more information, see the e-referral User Guide.
	On or after **Jan. 1, 2021**	Starting Dec. 1, 2020, submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.
• BCN commercial • BCN Advantage	On or after **July 1, 2020**	Submit prior authorization requests to TurningPoint as explained in "How do I submit authorization requests to TurningPoint?" on page 12.

How do I submit authorization requests to TurningPoint?

Method of submission	Details
Through Provider Secured Services	Access the TurningPoint Provider Portal through the Provider Secured Services home page. To do this: 1. Go to bcbsm.com/providers. 2. Log in to Provider Secured Services. 3. Click the *Musculoskeletal service authorization through TurningPoint* link. 4. Enter your NPI. If you're having trouble accessing the TurningPoint Provider Portal using this process, contact the Blue Cross Web Support Help Desk at 1-877-258-3932. If you're having trouble while working in the TurningPoint Provider Portal, contact TurningPoint Customer Service toll-free at 1-833-217-9670 or locally at 313-908-6040. Note: Out-of-state providers can access this area by logging in to their local plan's website and selecting an ID card prefix from Michigan. This will take you to the Blue Cross Blue Shield of Michigan website where you can click the *Musculoskeletal service authorization through TurningPoint* link and enter your NPI. You may need to complete a one-time registration process with TurningPoint; after you complete this process, you'll have access to the *Musculoskeletal service authorization through TurningPoint* link in Provider Secured Services.

Method of submission	Details
Through the TurningPoint website	Access the TurningPoint Provider Portal at myturningpoint-healthcare.com.** If you're having trouble accessing the TurningPoint Provider Portal using this process, contact the TurningPoint Technical Support team at 313-908-6041. If you're having trouble while working in the TurningPoint Provider Portal, contact TurningPoint Customer Service toll-free at 1-833-217-9670 or locally at 313-908-6040. You must register with TurningPoint before you can log in through the TurningPoint website. See "How do I register for direct access to the TurningPoint Provider Portal?" on page 8 for information about registering.
By fax	Fax the appropriate authorization request form to TurningPoint as follows: • Fax *Joint and spine procedures authorization request forms* to 313-879-5509. • Fax pain management authorization request forms to 313-483-7323. To determine which form to use, see "Which form should I use to fax an authorization request to TurningPoint?" on page 13.
By phone	Call TurningPoint toll-free at 1-833-217-9670 or locally at 313-908-6040.

Which form should I use to fax an authorization request to TurningPoint?

The most efficient way to submit authorization requests is through the TurningPoint Provider Portal, which you can access through Provider Secured Services.

Note: If you registered with TurningPoint, you can access the TurningPoint Provider Portal through the TurningPoint website.

If you need to fax an authorization request to TurningPoint, complete the appropriate form and fax it to the number on the form. Click a link below to open a form:

- Joint and spine procedures authorization request form
- Pain management: Epidural steroid injections authorization request form
- Pain management: Facet joint injections authorization request form
- Pain management: Neuroablation procedures authorization request form
- Pain management: Sacroiliac joint injections authorization request form

To determine which pain management form you should submit, see the "Pain management" section of the Musculoskeletal procedure codes that require authorization by TurningPoint document. This document specifies which procedure codes fall within each pain management category.

You can also find these forms on the BCN Musculoskeletal Services page and the Blue Cross Musculoskeletal Services page of the ereferrals.bcbsm.com website.

How do I know if I need to request prior authorization from TurningPoint for members who have coverage through Blue Cross commercial plans?

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.

To determine whether you need to submit a prior authorization request for a musculoskeletal procedure for a Blue Cross commercial member:

1. Go to bcbsm.com/providers.
2. Log in to Provider Secured Services.
3. Click the *Musculoskeletal service authorization through TurningPoint* link.
4. Enter your NPI.
5. Click *Blue Cross' PPO (Commercial)* in the Prior Authorization screen.
6. Enter the member's contract number and click *Enter*.
7. Click the *Authorization and Referrals* link for the appropriate member.
8. You'll see one of the following:
    1. **If prior authorization ISN'T required for the member:** You'll receive a message stating that prior authorization isn't required.

       Important! When authorization isn't required for the musculoskeletal procedures, you must still obtain prior authorization from Blue Cross for the **inpatient admission**. Submit the prior authorization request for the inpatient admission through the e-referral system as outlined in "For Blue Cross commercial members, is prior authorization required for musculoskeletal procedures that aren't managed by TurningPoint?" on page 15.
    2. **If prior authorization IS required for the member:** You'll see a message stating that you need to contact TurningPoint for dates of service on and after Jan. 1, 2021. Note

that you can submit prior authorization requests to TurningPoint using any method described in "How do I submit authorization requests to TurningPoint?" on page 12.

For Blue Cross commercial members, is prior authorization required for musculoskeletal procedures that aren't managed by TurningPoint?

Not all Blue Cross commercial self-funded groups participate in TurningPoint's musculoskeletal surgical quality and safety management program.

Here's what you need to know about Blue Cross commercial members who have coverage through self-funded groups that don't participate in the program:

- **For outpatient musculoskeletal procedures:** You don't need to obtain prior authorization.
- **For inpatient musculoskeletal procedures:** You need to obtain prior authorization for the inpatient admission, even though you aren't required to obtain authorization for the musculoskeletal procedures. For these requests:

  1. In the e-referral system, submit an authorization request for procedure code *99222 as outlined in the "Submit an inpatient authorization" section of the e-referral User Guide.
  2. When submitting this request, do not submit the musculoskeletal procedure codes. Instead, attach clinical information or insert notes that specify the procedures that will be performed to the authorization request for procedure code *99222.

  Important! Do not submit an authorization request for the musculoskeletal procedure codes.

To determine whether a Blue Cross member requires authorization from TurningPoint, see "How do I know if I need to request prior authorization from TurningPoint for members who have coverage through Blue Cross commercial plans?" on page 14.

Are there any changes to the requirements for pain management procedures?

Yes. The following table outlines the changes to requirements for pain management procedures.

Procedure	TurningPoint requirement, for dates of service on or after Jan.1, 2021	Previous requirement, for dates of service prior to Jan. 1, 2021
All pain management procedures	When conservative treatment is required, TurningPoint requires six weeks of conservative therapy with three specific modalities.	Four to six weeks of conservative treatment. No specific modalities are required.

Procedure	TurningPoint requirement, for dates of service on or after Jan.1, 2021	Previous requirement, for dates of service prior to Jan. 1, 2021
	You can view conservative treatment requirements in the medical policies, which are available in the TurningPoint Provider Portal.	
Epidural steroid injections	TurningPoint requires imaging confirmation to support radiculopathy.	Radiculopathy can be assumed based on symptoms. Imaging confirmation isn't required.
	TurningPoint has more exclusions than the previous guidelines, including exclusions for the presence of health conditions that could be worsened by steroids. You can view the medical policy in the TurningPoint Provider Portal.	
Facet joint injections	TurningPoint allows the treatment of two levels per session for diagnostic facet joint injections.	Allows the treatment of three levels per session for diagnostic facet joint injections.
Sacroiliac joint injections	In keeping with North American Spine Society guidelines, TurningPoint has stringent criteria for the diagnosis of sacroiliac joint pain and requires two diagnostic injections to confirm.	Requires one diagnostic joint injection to confirm; criteria to confirm sacroiliac joint pain are unclear.
Neuroablation	TurningPoint doesn't allow neuroablation at any prior fused spinal levels	Allows for neuroablation at prior fused spinal levels when neuroablation is also performed at an adjacent level.

Will TurningPoint approve contradicting procedure codes?

No. TurningPoint will review each code for medical necessity. If the surgical plan or pathology doesn't warrant an extensive additional procedure, TurningPoint will approve the primary code and deny additional coding, per the Medicare National Correct Coding Initiative, or NCCI, edit.

TurningPoint follows NCCI edit guidelines. For more information about NCCI edits, see https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.**

In keeping with NCCI edit guidelines, TurningPoint approves codes based on the clinical documentation and surgical plan submitted for a member.

TurningPoint will issue partial approvals as follows:

- TurningPoint will approve only the codes that are supported by the clinical documentation.
- TurningPoint won't approve contradicting procedure codes.

Example: If a provider submits a prior authorization request for both a total knee arthroplasty and a partial knee arthroplasty, TurningPoint will approve the procedure codes that are supported by the clinical documentation and deny the remaining procedure codes.

If the surgical plan changes intraoperatively, providers can update the authorized codes. For more information, see "How do I update a procedure code after the surgery has taken place?" on page 24.

Do I have to fill out questionnaires when I submit authorization requests?

You'll need to fill out questionnaires when you submit authorization requests for pain management procedures through the TurningPoint Provider Portal.

When you submit authorization requests for pain management procedures via fax, the fax forms include the questions you need to answer.

Whether you submit your request online or by fax, TurningPoint will reach out to you if additional information is needed before they can make a determination.

Can I request multiple primary procedure codes for pain management services on a single authorization?

For pain management injections, TurningPoint will authorize one injection session on a date of service. The injection session should include only injections of the same type that are done at one or multiple levels. (Varies by medical policy. You can view medical policies in the TurningPoint Provider Portal.)

TurningPoint doesn't authorization injection series. As a result, providers have to submit a prior authorization request for each subsequent injection session. This allows TurningPoint to evaluate the medical necessity of each subsequent injection after considering the member's response to the previous injection.

If a patient needs a pain management injection within the duration of an existing pain management authorization, do I need to submit a new prior authorization request?

Yes. Providers must submit a prior authorization request and receive approval from TurningPoint for each subsequent injection session.

Do add-on codes require prior authorization?

For most services, only primary procedure codes require prior authorization. However, add-on codes require prior authorization for pain management services.

How long does the authorization process take?

Turnaround times won't exceed the time frames listed below.

Type of request	Medicare Plus Blue and BCN Advantage	Blue Cross commercial and BCN commercial
Standard (non-urgent) requests	5 calendar days after TurningPoint receives complete information(1)	5 calendar days after TurningPoint receives complete information(2)
Expedited (urgent) requests	72 hours	72 hours
Retroactive requests	14 calendar days from the date on which TurningPoint received the authorization request	30 calendar days from the date on which TurningPoint received the authorization request

(1)If you don't submit complete information, there may be delays in processing your request. For Medicare Advantage members, providers will have an additional 9 calendar days during which they can submit missing information; TurningPoint will make a determination based on the information they've received after a total of 14 calendar days.

(2)If you don't submit complete information, there may be delays in processing your request. For commercial members, TurningPoint will make a determination based on the information they've received by the end of 5 calendar days. For denied authorizations, you can request that TurningPoint reconsider their decision; see "What is the reconsideration process for denied authorization requests?" on page 23 for more information.

What happens if I submit a request to TurningPoint when I should have submitted it to Blue Cross or BCN, or vice versa?

When TurningPoint receives a request for prior authorization, they validate the procedure and medical codes against the scope of services agreed upon between TurningPoint and Blue Cross or BCN. If TurningPoint determines that the request is out of scope, they will forward the request to Blue Cross or BCN and notify the provider that they have forwarded the request.

Likewise, if you contact the Blue Cross or BCN Utilization Management department about procedures that are managed by TurningPoint, you'll be redirected to TurningPoint.

Note: TurningPoint will be actively engaged in the education of each provider practice to ensure they have the appropriate contact information to limit the number of redirections that need to take place.

What happens if I submit a request to eviCore when I should have submitted it to TurningPoint?

If you submit a prior authorization request to eviCore with a date of service on or after Jan. 1, 2021, eviCore will forward the request to Blue Cross or BCN.

Using the information they received, Blue Cross or BCN will forward the prior authorization request to TurningPoint.

TurningPoint will contact you if additional information is needed to make a determination on your request.

Do musculoskeletal procedures that are performed during an inpatient admission that originated in the emergency department require prior authorization from TurningPoint?

Musculoskeletal surgeries don't require prior authorization from TurningPoint when they're performed during an inpatient admission that originated in the emergency department. The ED visit must meet the contractual definition of emergency department services.

Musculoskeletal procedures performed during an inpatient admission that didn't originate in the ED do require prior authorization through TurningPoint for all Medicare Plus Blue, all BCN commercial, all BCN Advantage and some Blue Cross commercial members. For information about determining which Blue Cross commercial members require authorization from TurningPoint, see "How do I know if I need to request prior authorization from TurningPoint for members who have coverage through Blue Cross commercial plans?" on page 14.

In addition, you need to request prior authorization for the inpatient admission, whether it originated in the ED or elsewhere. For these requests, submit procedure code *99222 as outlined in the e-referral User Guide; see the "Submitting an emergency or urgent admission (includes Blue Cross member submissions)" subsection within the "Submit an inpatient authorization" section for more information.

Surgeries that are scheduled in advance and aren't related to an emergency event require prior authorization.

See "How do I submit a claim for a musculoskeletal procedure that was performed due to an inpatient admission that originated in the emergency department?" on page 26 for information about submitting claims.

What documentation should I submit with a prior authorization request?

You'll need to provide the following minimum information when you submit a prior authorization request:

- Provider information
- Facility information and anticipated surgery date
- Health plan information
- Member information
- Requested procedures/diagnosis
- Clinical information should include:
  - History of present illness
  - Radiological imaging reports
  - Attempted conversation therapies
  - Documented surgical plan

  For more information about the clinical documentation that's required, see the Clinical documentation requirements for musculoskeletal procedures document.
- Device manufacturer and product type information (if known)

For information about the methods by which you can submit prior authorization requests, see "How do I submit authorization requests to TurningPoint?" on page 12.

What criteria does TurningPoint use to make determinations on authorization requests?

TurningPoint uses the following criteria:

- Medical policy guidelines for musculoskeletal procedures that Blue Cross Blue Shield of Michigan and TurningPoint agreed on
- Criteria from the Centers for Medicare & Medicaid Services, national coverage determination and local coverage determination

Have there been any changes to medical policies?

Blue Cross and BCN reviewed medical policies that will be used in this program with TurningPoint. You can view the medical policies in the TurningPoint Provider Portal.

The most notable changes are:

- You must obtain prior authorization for procedures that will be performed on children
- For some joint procedures, we added criteria for body mass index and smoking cessation

What qualifications do TurningPoint physicians have to review authorization requests?

TurningPoint employs orthopedic and spine physicians who have held positions within the largest associations related to their specialties:

- Six former presidents of the American Academy of Orthopaedic Surgeons
- The past president and current board member of the North American Spine Society
- Former presidents of the American Board of Orthopaedic Surgery
- The past president of the Pediatric Orthopedic Society of North America
- Two of the AAOS's former board representatives to CMS for all musculoskeletal-related billing and coding changes
- Multiple past regional and state orthopaedic association presidents, including the former presidents of the California, New York, Texas and New Jersey orthopaedic associations, as well as multiple AAOS board members

Whom should I call with follow-up questions after I submit an authorization request?

After you submit an authorization request to TurningPoint, you can submit questions through the TurningPoint Provider Portal, which you can access through Provider Secured Services or at myturningpoint-healthcare.com.**

You can also direct follow-up questions to TurningPoint during normal business hours by calling 1-855-851-0843.

Normal business hours are 8 a.m. to 8 p.m. Eastern time Monday through Friday, excluding holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day).

How are providers and members notified of the outcome of authorization requests?

TurningPoint will make a courtesy call to notify providers of the outcome of each authorization request.

The provider and member will receive a notification determination letter regarding the status of the authorization request, along with supporting information.

How long will the prior authorization approval be valid?

For prior authorizations approved on or after Jan. 1, 2021: Prior authorizations are valid for 30 calendar days for all musculoskeletal procedures, including pain management procedures.

For prior authorizations approved on or before Dec. 31, 2020: We extended the duration of prior authorization approvals during the COVID-19 pandemic, as outlined in the COVID-19 utilization management changes document. This document is available on the Blue Cross Authorization Requirements & Criteria page and the BCN Authorization Requirements & Criteria page.

How do I request a peer-to-peer conversation for a Medicare Advantage member?

Before denying an authorization request, TurningPoint will make three attempts to notify the provider that the request doesn't meet medical criteria.

TurningPoint will offer to schedule a peer-to-peer conversation. The provider will need to provide TurningPoint with three dates and times when they're available to meet. TurningPoint will schedule the conversation based on the dates and times requested by the provider.

If TurningPoint is unable to contact the provider, TurningPoint will proceed with the authorization decision based on the information they've received.

For peer-to-peer requests for Blue Cross commercial and BCN commercial members, see "What is the reconsideration process for denied authorization requests?" on page 23.

What is the reconsideration process for denied authorization requests?

For denied authorization requests for Blue Cross commercial and BCN commercial members, you can request that TurningPoint reconsider their decision.

You have two options to request a reconsideration of a decision:

- You can ask TurningPoint to review additional clinical documentation. Submit the documentation as follows:
  - **For joint and spine procedures:** Fax documentation to 313-879-5509.
  - **For pain management procedures:** Fax documentation to 313-483-7323.
- You can request a peer-to-peer conversation to review the case with a physician. To do this, call 1-833-217-9670.

You can request a reconsideration or a peer-to-peer conversation any time before providing services or filing an appeal with the health plan.

If you completed a reconsideration or peer-to-peer conversation and are dissatisfied with the decision, you may request an appeal.

Note: For Medicare Plus Blue and BCN Advantage members, there isn't a reconsideration process. However, you can file an appeal. For information about appeals, see "What is the grievance and appeals process for denied authorization requests?" on page 25.

How do I update the date of service or the facility on a prior authorization?

If there's a change to the date of service or to the facility, call TurningPoint to update the prior authorization.

How do I update procedure codes on a prior authorization before the date of service?

If a change was made to the procedure that was originally authorized, call TurningPoint to update the coding. If medical necessity review is required for the new coding, you may have to submit additional clinical documentation.

How do I update a procedure code after the surgery has taken place?

If the procedure that was performed was different from the procedure TurningPoint authorized, you can do either of the following to update the procedure coding **prior to submitting the claim**:

- Complete the Postservice change request form and fax it to TurningPoint. To find the form, go to the **ereferrals.bcbsm.com** website, click *Blue Cross* or *BCN*, and then click the *Musculoskeletal Services* link.
- Call TurningPoint.

You may have to submit additional clinical documentation.

Can I submit a retroactive authorization request?

Yes. You can submit retroactive requests for up to 90 days after the procedure is performed.

To submit a retroactive authorization request to TurningPoint, follow the instructions in "How do I submit authorization requests to TurningPoint?" on page 12.

Notes:

- For procedure codes that were managed by eviCore for dates of service prior to Jan. 1, 2021, you can submit retroactive authorization requests to eviCore through April 30, 2021. To determine which authorizations are managed by eviCore, see Services reviewed by eviCore for Blue Cross and BCN.
- For procedure codes that were managed by BCN or Medicare Plus Blue Utilization Management for dates of service prior to July 1, 2020, retroactive authorization requests will be accepted through Sept. 28, 2020.
- For procedure codes that were managed by Medicare Plus Blue Utilization Management for dates of service prior to Jan. 1, 2021, retroactive authorization requests will be accepted through March 31, 2021.

Do I need to submit a form when submitting an appeal to Blue Cross?

Yes.

- When appealing on behalf of Blue Cross commercial members, providers need to submit an Authorized Representative form.
- When appealing on behalf of BCN commercial members, providers need to submit an Appointment of Representative form.

Providers who submit the necessary form can follow the member appeal process, which is included with the denial letter.

What is the grievance and appeals process for denied authorization requests?

There are no changes to the grievance and appeals process. For information about the process of requesting an appeal, refer to the denial letter.

Facilities

If TurningPoint authorized a member for an outpatient procedure but the member has a medical reason for an extended stay, how should the facility submit the prior authorization request?

Because this is a medical admission, submit the prior authorization request through the e-referral system. Blue Cross or BCN will use the inpatient admission criteria to review the request.

When submitting the request, select inpatient as the place of service, select "Direct" as the admission type and enter CPT code *99222. Be sure to attach clinical notes that support the medical reason for admission.

Are there any changes to how facilities report patient discharge dates to Blue Cross or BCN?

If you've been reporting discharge information to Blue Cross and BCN, please continue to do so.

We also rely on admission, discharge, and transfer data we receive from the Michigan Health Information Network, or MiHIN, systems to update discharge information.

How can I tell how many days TurningPoint approved for an inpatient prior authorization?

You can determine the number of days TurningPoint approved for an inpatient prior authorization by doing one of the following:

- Calling TurningPoint toll-free at 1-833-217-9670 or locally at 313-908-6040
- Accessing the e-referral system. Note that:
    - The status of authorization requests is available in the e-referral system 24 hours after TurningPoint makes a determination
    - You need to search for the member, not for the TurningPoint authorization number

- Accessing the TurningPoint Provider Portal. This option is currently available only to the physician or provider office that will perform the procedure. Facility providers will be able to access the TurningPoint Provider Portal in the fourth quarter of 2020.

How do I request additional days for an inpatient stay?

You can request additional days for an inpatient stay through the e-referral system.

In the e-referral system, you'll need to search for the member, not for the TurningPoint authorization number.

Claims

Does authorization guarantee payment?

Authorization is not a guarantee of payment. Claims submitted for these services will also be subject, but not limited to, the following:

- Member eligibility at the time services were provided
- Benefit limitations and/or exclusions
- Appropriateness of codes billed
- Medical necessity review, if authorization wasn't obtained before services were provided

Will TurningPoint process claims for Blue Cross and BCN?

No, Blue Cross and BCN will process claims. You should continue to submit claims as you do currently.

If you submit a claim for a service for which you didn't receive authorization, Blue Cross or BCN may deny the claim.

How do I submit a claim for a musculoskeletal procedure that was performed due to an inpatient admission that originated in the emergency department?

Once you've obtained prior authorization for the inpatient admission (as discussed in "Do musculoskeletal procedures that are performed during an inpatient admission that originated in the emergency department require prior authorization from TurningPoint?" on page 19), follow the normal claims submission process for inpatient admissions that originated in the emergency department.

For information about submitting claims, see the following resources:

Plan	Resource
Blue Cross commercial	The Claims chapter in the *Blue Cross PPO Provider Manual* To this chapter: 1. Log in to Provider Secured Services. 2. Click the *BCBSM Provider Publications and Resources* link. 3. Click the *Provider Manual* link. 4. Choose your provider type. 5. Enter "claims" as the keyword. 6. Click *Search*. 7. Click the *Claims* link the search results.
Medicare Plus Blue	The "Claim filing" section of the Medicare Plus Blue PPO Manual.
• BCN commercial • BCN Advantage	The Claims chapter in the *BCN Provider Manual* To access this chapter: 1. Log in to Provider Secured Services. 2. Click the *BCN Provider Publications and Resources* link. 3. Click the *Provider Manual* link. 4. Click the *Claims (Billing)* link.

If you receive a denial for a claim and both of the following are true, call Provider Inquiry:

- The musculoskeletal procedure was performed as part of an inpatient admission that originated in the emergency department
- You received authorization for the inpatient admission

During the call, tell them you received a claim denial for a musculoskeletal procedure that was performed as part of an inpatient admission that originated in the emergency department.

For Provider Inquiry contact information, see "Whom should I call if I have questions about musculoskeletal claims that aren't answered in this document?" on page 29.

What is the audit and recovery process for claims?

On inpatient professional claims, include only the musculoskeletal procedure codes that TurningPoint authorized.

On a quarterly basis, Blue Cross and BCN will review paid inpatient claims from professional providers to ensure that the procedure codes on the claims match the procedure codes TurningPoint authorized. If we find overpayments because the claim included codes that TurningPoint didn't authorize, we'll pursue payment recoveries as necessary.

You can request that TurningPoint add procedures codes to an authorization, but you must make this request prior to submitting a claim. For information about how to do this, see the following questions:

- "How do I update procedure codes on a prior authorization before the date of service?" on page 23
- "How do I update a procedure code after the surgery has taken place?" on page 24

What will happen if I submit a claim with a procedure code that doesn't match the code TurningPoint approved?

Blue Cross and BCN will deny any codes other than those authorized by TurningPoint.

For information about what to do when there's a change to the procedure code or site of care, see the following questions:

- "How do I update procedure codes on a prior authorization before the date of service?" on page 23
- "How do I update a procedure code after the surgery has taken place?" on page 24
- "How do I update the date of service or the facility on a prior authorization?" on page 23
- "If TurningPoint authorized a member for an outpatient procedure but the member has a medical reason for an extended stay, how should the facility submit the prior authorization request?" on page 25.

Whom should I call if I have questions about musculoskeletal claims that aren't answered in this document?

If you have questions about a claim, call the appropriate number below.

- Blue Cross commercial, BCN commercial and BCN Advantage members:
  - Professional providers: Call Provider Inquiry at 1-800-344-8525.
  - Facility providers: Call Provider Inquiry at 1-800-249-5103.
- Medicare Plus Blue members: Call 1-866-309-1719.

**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 required to let you know we're not responsible for its content.