Musculoskeletal Service Program

Focused on changes
Topics

- Overview
- Timeline
- Methods of submitting an authorization
- Blue Cross and BCN will continue to…
- Who is TurningPoint?
- Healthcare Trends
- TurningPoint Clinical Leadership
- Clinical Policies
- Clinical Criteria Review
- TurningPoint Clinical Model
- Authorization Status
- Procedure Code Update Process
- Appeals Process
- Claims
- Provider Resources
- Market Launch
- Appendix (where to submit an appeal)
Overview

For dates of service on or after July 1, 2020, TurningPoint Healthcare Solutions, LLC, an independent company, has contracted with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for surgical procedures related to musculoskeletal conditions. This includes spine and joint replacement surgeries and other related arthroscopic procedures.

TurningPoint began accepting authorization requests on June 1, 2020.

• Product lines include:
  • Medicare Plus BlueSM PPO
  • BCN HMOSM (commercial)
  • BCN AdvantageSM

The program is expanding Jan. 1, 2021. See the next slide for more program details.

• Product lines include:
  • Blue Cross’ PPO (commercial) — Fully insured and select administrative service contract groups*  
  • Medicare Plus Blue PPO
  • BCN HMO (commercial)
  • BCN Advantage

*Administrative service contract, or ASC, groups are the same as self-funded groups. For these plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross.
### Timeline

**For dates of service from July 1, 2020, through Dec. 31, 2020**

<table>
<thead>
<tr>
<th></th>
<th>Medicare Plus Blue</th>
<th>BCN HMO</th>
<th>BCN Advantage</th>
<th>Blue Cross’ PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joint</strong></td>
<td>TurningPoint</td>
<td>TurningPoint</td>
<td>TurningPoint</td>
<td>No prior auth requirement</td>
</tr>
<tr>
<td><strong>Spine</strong></td>
<td>eviCore</td>
<td>TurningPoint</td>
<td>TurningPoint</td>
<td></td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>eviCore</td>
<td>eviCore</td>
<td>eviCore</td>
<td></td>
</tr>
</tbody>
</table>

**For dates of service on or after Jan. 1, 2021**

<table>
<thead>
<tr>
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<th>BCN HMO</th>
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<td><strong>Pain</strong></td>
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</tr>
</tbody>
</table>
# Methods of submitting an authorization

<table>
<thead>
<tr>
<th>Method of submission</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Provider Secured Services</strong></td>
<td>Access the TurningPoint Provider Portal through the Provider Secured Services home page. To do this, visit <a href="http://bcbsm.com/providers">bcbsm.com/providers</a> and log in to Provider Secured Services. Click the <em>Musculoskeletal service authorizations through TurningPoint</em> link. 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. 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 providers to the Blue Cross Blue Shield of Michigan website where they can click the <em>Musculoskeletal service authorizations through TurningPoint</em> link and enter their NPIs. 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.</td>
</tr>
<tr>
<td><strong>Through the TurningPoint website</strong></td>
<td>Access the TurningPoint Provider Portal at <a href="http://myturningpoint-healthcare.com">myturningpoint-healthcare.com</a>. You must register with TurningPoint before you can log in through the TurningPoint website. If you’re having trouble accessing the TurningPoint provider portal using this process, contact the TurningPoint Technical Support team at 313-908-6041.</td>
</tr>
</tbody>
</table>
| **By fax**                   | Fax an authorization request form to TurningPoint  
  • Spine and Orthopedic procedures at fax: 313-879-5509  
  • Pain Management procedures at fax: 313-483-7323  
  To determine which form to use, go to the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website, click *Blue Cross* or *BCN*, and then click the *Musculoskeletal Services* link. |
| **By phone**                 | Call TurningPoint toll-free at 1-833-217-9670 or locally at 313-908-6040.                                                                                                                                |

**Note:** We recommend that the ordering physicians secure the required authorization and provide the authorization numbers to the rendering facilities or providers.
Blue Cross and BCN will continue to...

- Ensure provider contracts address confidentiality of member information and member records
- Disseminate utilization management communications to Blue Cross- and BCN-contracted providers
- Communicate to providers that utilization management criteria is available upon request and TurningPoint will provide access to the criteria at least once during a look-back period
- Maintain contracts with providers for care and services
- All other services will follow current authorization processes as found on ereferrals.bcbsm.com and in provider manuals
Who is TurningPoint?
Introducing a program that helps support patient care

Program Results

34% reduction in hip and knee surgical revision rates

21%+ Reduction in ER post-operation utilization

5%+ Reduction in in-patient readmissions post-operatively

Improving the quality and affordability of healthcare

TurningPoint Healthcare Solutions offers support and care oversight for your members at the times they need it the most.

• Better surgical outcomes by reviewing the patient’s lifestyle, other illnesses and overall health up front
• Faster recovery times
• Lower risk for additional surgery
• Fewer complications
• Fewer infections
• High-quality care at the right time and in the right setting for the member
• More affordable care
Clinical Categories

- Orthopedics
- Spine
- Pain Management

We improve patient care for a wide breadth of musculoskeletal and pain management procedures

**MUSCULOSKELETAL & PAIN MANAGEMENT**

**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

**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
- Spinal cord neurostimulator
- Spinal decompression

**Pain Management Procedures**
- Epidural steroid injections
- Selective nerve root blocks
- Facet joint injections
- Sacroiliac (SI) injections
- Spinal neurotomy/ablations
- Implantable pain pumps
Healthcare Trends
HEALTHCARE TRENDS: IMPLANTABLE DEVICE RECALLS

Physicians and health plans face significant quality and safety challenges related to managing implantable devices

- On average, there are 700+ medical device product recalls every year
- Two of the largest recall categories are cardiovascular and orthopedic implants
- Implant recall examples
  - Medtronic Synchromed: Implantable Infusion System — 250k+ patients
  - St. Jude: Riata Defibrillator Leads — 79k patients
  - Depuy: Hip Replacement Implant Recall — 93k patients

HEALTHCARE FACT

**Serious Adverse Events in the Past Decade:**

900% 

Death, Life Threatening Disability, or Hospitalization Related to Devices

**Implantable Device Cost Increase:**

100%

Over 9 Years

**Most Class ONE Manufacturer Recalls Posted in a SINGLE DAY:**

233

All by different manufacturers (August 2014)
TurningPoint’s program helps solve the national problem of **significant price variation** for the same surgical procedures.

**TOTAL KNEE: Cost Variation by Market**

**TOTAL HIP: Cost Variation by Market**

Source: Blue Health Intelligence®: The Health of America Report | January 2015
Clinical Leadership
TURNINGPOINT'S DIFFERENCE STARTS WITH OUR CLINICAL LEADERSHIP TEAM THAT GUIDES THE QUALITY AND COST EFFECTIVENESS OF PATIENT CARE

Our Peer Review Specialists Include:

- Six former presidents of the American Academy of Orthopaedic Surgeons
- Former presidents of the American Board of Orthopedic Surgery
- Past president of the Pediatric Orthopedic Society of North America
- Two of AAOS’s former board representatives to CMS for all spine-related billing and coding changes
- Multiple past regional and state orthopedic association presidents, including the former president of the New Jersey Orthopaedic Association and AAOS board members
- Former chief of staff for the Houston Shriner’s Children Hospital
- Past president and current board member of the North American Spine Society
Clinical Policies
Our clinical policies and processes are based on the same standards utilized by national associations.

To be included a study had to meet the following selection criteria:

- Study was specific to the device type or procedure being reviewed
- Published in a peer-reviewed journal during or after 1966, in English
- On humans with a sample of 30 or more patients per treatment group
- Reported on 80% of the patients of the patient population of interest
- Study results were presented quantitatively
- Provided a full report of a clinical study
- Study treatment follow-up period was > 4 weeks
- At least 80% of the enrolled study population were 19 years of age or older
- For any included study that used “paper-and-pencil” outcome measures (e.g. SF-36), only those that were validated were included
- “Paper-and-pencil” outcomes reported by a single group of investigators (i.e. a single study) were excluded
- Study was in vivo

Studies were excluded if any of the following criteria were met:

- Studies of “Very Limited” evidence strength
- Retrospective noncomparative case series, medical records review, meeting abstracts, historical articles, editorials, letters and commentaries
- Case series studies that gave patients the treatment of interest AND another treatment
- Case series studies that had nonconsecutive enrollment of patients
- Controlled trials in which patients were not stochastically assigned to groups AND in which there was heterogeneity in patient characteristics or outcomes at baseline AND where the authors did not statistically adjust for these differences when analyzing the results
- Composite measures or outcomes, even if they were patient oriented
- Case series studies if no baseline values were reported
- Study was performed on cadavers
TurningPoint collaborates with physicians at the regional and national level to develop our CarePath guidelines...

...this approach encourages support and buy-in from local providers to produce better results.
Clinical Criteria Review
Required Documentation

- The following clinical documentation will be required for an accurate review of the requested procedure:
  - History of present illness
  - Physical exam
  - Past medical history
  - Conservative therapies
  - Imaging
  - BMI
  - Smoking Status
  - Surgical history
  - Surgical plan with a risks and benefits discussion
Conservative Therapy/Imaging

- **Imaging reports**
  - Imaging: Must submit imaging reports for imaging done out of office. If surgeon’s and radiologist’s interpretations of imaging differ, addendums to the radiology report will be requested for clarification. Objective documentation from surgeon for x-rays taken and read in-house is acceptable.

- **Conservative therapies**
  - Conservative therapy requirements differ by procedure type. For PT (or home exercise program), we would like to see detailed documentation in the medical record to include the frequency, duration and outcome of the exercises. If the detail provided is not enough to determine that the patient has tried and failed the course of therapy, we will request PT notes.
Smoking/BMI Criteria

- **BMI**
  - ✓ Weight reduction as appropriate
    - For BMI 30 to 34, medical record must document weight discussion
    - For BMI 35 to 40, medical record must document plan for weight loss
    - BMI greater than 40 is a contraindication for total hip replacement, unless significant weight loss has been clearly documented

- **Smoking status**
  - ✓ Patient’s current smoking status to include quit date, if applicable
  - ✓ Detailed documentation that patient is aware of complications related to smoking
## Changes to Pain Management

<table>
<thead>
<tr>
<th>Procedure</th>
<th>TurningPoint requirement, for dates of service on or after Jan. 1, 2021</th>
<th>Previous requirement, for dates of service prior to Jan. 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pain management procedures</td>
<td>When conservative treatment is required, TurningPoint requires six weeks of conservative therapy with three specific modalities.</td>
<td>Four to six weeks of conservative treatment. No specific modalities are required.</td>
</tr>
<tr>
<td></td>
<td>You can view conservative treatment requirements in the medical policies, which are available in the TurningPoint Provider Portal.</td>
<td></td>
</tr>
<tr>
<td>Epidural steroid injections</td>
<td>TurningPoint requires imaging confirmation to support radiculopathy.</td>
<td>Radiculopathy can be assumed based on symptoms. Imaging confirmation isn’t required.</td>
</tr>
<tr>
<td></td>
<td>TurningPoint has more exclusions than the previous guidelines, including exclusions for the presence of health conditions that could be worsened by steroids.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You can view the medical policy in the TurningPoint Provider Portal.</td>
<td></td>
</tr>
<tr>
<td>Facet joint injections</td>
<td>TurningPoint allows the treatment of two levels per session for diagnostic facet joint injections.</td>
<td>Allows the treatment of three levels per session for diagnostic facet joint injections.</td>
</tr>
<tr>
<td>Sacroiliac joint injections</td>
<td>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.</td>
<td>Requires one diagnostic joint injection to confirm; criteria to confirm sacroiliac joint pain are unclear.</td>
</tr>
<tr>
<td>Neuroablation</td>
<td>TurningPoint doesn’t allow neuroablation at any prior fused spinal levels.</td>
<td>Allows for neuroablation at prior fused spinal levels when neuroablation is also performed at an adjacent level.</td>
</tr>
</tbody>
</table>

**Note:** When you submit authorization requests for pain management procedures through the TurningPoint Provider Portal, you’ll need to fill out questionnaires.

TurningPoint authorizations are valid for 30 days. For dates of service prior to Jan. 1, 2021, authorizations were valid for 45 days.
National Correct Coding Initiative Edit Guidelines

- When reviewing authorization requests that include multiple codes, TurningPoint follows Medicare National Correct Coding (NCCI) Initiative edit guidelines. TurningPoint will review each code for medical necessity. If the surgical plan or pathology does not warrant an extensive additional procedure, TurningPoint will approve the primary code and deny additional coding per the NCCI edit.
  - Examples includes: Bundled codes, two primary codes submitted for the same service, etc.
  - For more information regarding NCCI edits please see: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index

Partial Approvals & Denials

- TurningPoint approves codes based on the clinical documentation and surgical plan submitted for the member. TurningPoint does not approve contradicting procedure codes.
- TurningPoint will approve only the procedure codes that are supported by the clinical documentation
- If the surgical plan changes intraoperatively, providers can follow the post-service review process prior to submitting a claim to update procedure codes with TurningPoint.
  - Example: If a provider submits an 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.
TurningPoint’s Clinical Model

- Process overview
- Turnaround Times/peer-to-peer process
- Reconsideration process (commercial)
- Portal
Our operational processes are designed to help improve the efficiency and timeliness of your payments and authorizations — additionally, TurningPoint will provide detailed training and support to your practice.

Process Overview

1. **Pre-Surgery**
   - Physician evaluates patient

2. **Authorization**
   - Best practices, infection & risk management

3. **Post-Surgery**
   - Post service coding updates to TurningPoint as needed

Device Registry & Management

- Patient safety monitoring
- Manufacturer accountability tracking

Claim submission to Blue Cross Blue Shield of Michigan
### Turnaround Times — Medicare Advantage

<table>
<thead>
<tr>
<th>Type of request</th>
<th>Medicare Plus Blue and BCN Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard (non-urgent) requests</strong></td>
<td>5 calendar days after TurningPoint receives complete information*</td>
</tr>
<tr>
<td><strong>Expedited (urgent) requests</strong></td>
<td>72 hours</td>
</tr>
<tr>
<td><strong>Retrospective requests</strong></td>
<td><strong>14</strong> calendar days from the date on which TurningPoint received the authorization request</td>
</tr>
</tbody>
</table>

*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.

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### Peer-to-peer process — Medicare Advantage

**Medicare Plus Blue and BCN Advantage**

- Medicare Advantage peer-to-peer reviews are offered, but are for **educational purposes only** per CMS guidelines.
- Offered by TurningPoint during notification of denials.
- May be requested by provider office.
- TurningPoint will request three dates and times for scheduling to help navigate physician schedules.
- Peer-to-peer reviews are unique in that they are conducted by specialized physicians in accordance with the procedure.
## Turnaround times — Commercial

<table>
<thead>
<tr>
<th>Type of request</th>
<th>Blue Cross’ PPO and BCN HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard (non-urgent) requests</td>
<td>5 calendar days after TurningPoint receives complete information*</td>
</tr>
<tr>
<td>Expedited (urgent) requests</td>
<td>72 hours</td>
</tr>
<tr>
<td>Retrospective requests</td>
<td>30 calendar days from the date on which TurningPoint received the authorization request</td>
</tr>
</tbody>
</table>

*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 received by the end of 5 calendar days. For denied authorizations, you can request TurningPoint to reconsider their decision prior to filing an appeal with the health plan.

## Peer-to-peer process — Commercial

**Commercial**

- Offered by TurningPoint during notification of denials
- May be requested by provider office
- TurningPoint will request three dates and times for scheduling to help navigate physician schedules
- Commercial peer-to-peer reviews are offered for reconsideration of final determinations to allow for review of supporting clinical documentation.
- Peer-to-peer reviews are unique in that they are conducted by specialized physicians in accordance with the procedure
Provider Portal Single Sign-On

Single Sign-On

- Participating providers or in-network providers who are registered users of Blue Cross’ Provider Secured Services will automatically have access to the TurningPoint Provider Portal.
- Instructions:
  1. Visit bcbsm.com/providers and log in to Provider Secured Services.
  2. Click on the Musculoskeletal Service Authorizations through TurningPoint link.
  3. 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.

Note for out-of-state providers: Log in to your local plan’s website and select an ID card prefix from Michigan. This will take you to the Blue Cross Blue Shield of Michigan website. You can then follow the instructions above to access the TurningPoint Provider Portal.

Non-Registered Portal Users

Providers who are not registered with Blue Cross need to register with TurningPoint before they can submit requests through the TurningPoint Provider Portal.
Provider Portal Direct Registration

• **Direct Registration through TurningPoint**
  • Provider groups may access the TurningPoint website (at myturningpoint-healthcare.com) to complete the Portal Registration Form.
  • After each webinar or meeting with TurningPoint, the Provider Engagement team will share the Portal Registration Form to assist in staff registration.
  • Provider Portal support is available via email at: Portalregistration@turningpoint-healthcare.com.

• **Call Customer Service**
  • Phone: 313-908-6040 | 1-833-217-9670
  • Obtain status of authorization requests through a Customer Service Representative

• **Email or Call Provider Relations**
  • Phone: 313-908-6041
  • BCBSMProviderRelations@tpshealth.com
  • Questions or issues relating to inaccuracies on the Provider Portal

• **Portal demonstrations**
  • TurningPoint will schedule personalized training for your staff upon request
Authorization Status
Steps to check status
• Log in to the TurningPoint Provider Portal.
• Click Requests on the toolbar.
• Filter by Request ID, Patient, Physician or Status.
  • See the “Status” column.

Call Customer Service
• Phone: 313-908-6040 | 1-833-217-9670
• Obtain status of authorization requests through a Customer Service Representative
Our Process

Final Determinations

Steps to confirm final determinations

- All final determinations are communicated by letter notification
- Print a letter notification from the portal by logging in to the portal
  1. Log in to the TurningPoint Provider Portal.
  2. Click the Approved icon.
  3. In the Action column, click drop-down icon and select “View Request.”
  4. Scroll down and click the desired document.
  5. The document will open in a new window. Right-click the document and select Print.

- Call Customer Service at:
  - Phone: 313-908-6040 | 1-833-217-9670
  - Obtain final determination through a Customer Service Representative

TurningPoint Healthcare

Requests

Easily create a new request or view/edit an existing one.

2 Requests

Filter requests:
- Select Request Id
- Select Patient
- Select Physician

Requests per page: 10
Add request

<table>
<thead>
<tr>
<th>Request</th>
<th>Patient</th>
<th>Clinical Service</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPS0022</td>
<td></td>
<td>Hip Replacement</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>TPS0018</td>
<td></td>
<td>Knee Arthroscopy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documents

- Subject: Clinical Information
- File name: Clinical TPS0002.pdf
- Type: Fax Inbound

TPS00022 - Approved

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure Code</th>
<th>Requested Quantity</th>
<th>Reviewed Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>L7130 - ARTHRO ACET/EP/PXRO FRA/ROSTIC AGRT/ALGRT</td>
<td>1</td>
<td>(1) Approved</td>
</tr>
</tbody>
</table>

Anticipated Procedure Date: 5/3/2019
Primary Diagnosis: M16.12 - UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP
Site: Coastline Medical

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Procedure Code Update Process
Procedure Code Update Process

• **Update procedure codes on an authorization prior to the date of service**
  • Call TurningPoint. If medical necessity review is required for the new coding, you may have to submit additional clinical documentation.

• **Update procedure codes after a surgery has taken place**
  Prior to submitting a claim to the health plan, do one of the following to update the procedure coding:
  • Complete the *Postservice change request* form and fax it to TurningPoint.
  • Call TurningPoint.

**Note:** Please send operative notes when submitting the *Postservice change request* form. If a claim has already been submitted, you will need to follow the claims appeals process through Blue Cross or BCN.
Appeals Process
Grievances and Appeals Process

• The grievances and appeals process will not change with the implementation of the TurningPoint Surgical Quality and Safety Management Program.

• For Blue Cross’ PPO and BCN HMO commercial members, TurningPoint offers a reconsideration. Providers should reach out to TurningPoint to:
  • Reconsider the decision by providing additional information or
  • Request a peer-to-peer review prior to submitting an appeal.

• Please continue to submit grievances and appeals through your existing process with Blue Cross or BCN.

• If you have questions, please contact Provider Inquiry at Blue Cross or BCN.
Claims
What is the audit and recovery process for claims?

- On claims, include only the musculoskeletal procedure codes that TurningPoint authorized.
- On a quarterly basis, Blue Cross and BCN will review paid claims 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.
- As discussed earlier in this presentation, you can request that TurningPoint add procedures codes to an authorization, but you must make this request prior to submitting a claim.
Claims questions

If you have questions about how to submit claims or claim disputes, call the Provider Inquiry line for the appropriate line of business. When calling, please select the prompt for benefits and claims.

Medicare Plus Blue Provider Inquiry
• Professional provider & facility line: 1-866-309-1719
• Hours of operations: 8 a.m. to 4:30 p.m. Eastern time Monday through Friday. TTY users should call 711.

Blue Cross PPO/BCN HMO/BCN Advantage Provider Inquiry
• Professional provider line: 1-800-344-8525
• Facility line: 1-800-249-5103
• Hours of operations: 8 a.m. to 5 p.m. Eastern time Monday through Friday

Note: The line is closed from noon to 1 p.m. Eastern time.
Provider Resources
Provider resources

**TurningPoint phone number for Blue Cross and BCN**
Toll-free at 1-833-217-9670 or locally at 1-313-908-6040

**Musculoskeletal Services pages on ereferrals.bcbsm.com**
- BCN: ereferrals.bcbsm.com/bcn/bcn-msk.shtml
- Blue Cross: ereferrals.bcbsm.com/bcbsm/bcbsm-msk.shtml

**Provider training materials**
Note: You can access these documents through the Musculoskeletal Services pages on ereferrals.bcbsm.com.

**Procedure codes managed by TurningPoint (Orthopedic, Spine, and pain)**

**Provider FAQs**
ereferrals.bcbsm.com/docs/common/common-msk-faq.pdf

**Quick reference for providers**
ereferrals.bcbsm.com/docs/common/common-turningpoint-quick-ref.pdf

**TurningPoint Provider Training Manual**

**Joint and Spine authorization request fax form (fax#313-879-5509)**
ereferrals.bcbsm.com/docs/common/common-turningpoint-auth-request-form.pdf

**Pain management authorization request fax forms (fax#313-483-7323)**
- Epidural steroid injections
- Facet joint injections
- Neuroablation
- Sacroiliac joint injections

**Postservice change request form**
ereferrals.bcbsm.com/docs/common/common-turningpoint-authorization-update-form.pdf

**Required clinical documentation**
ereferrals.bcbsm.com/docs/common/common-msk-doc-requirements.pdf

**Provider concerns and issues that are not able to be answered by Customer Service or the Provider Consultants, email**
umproviderconcerns@bcbsm.com
TurningPoint Market Launch

➢ Additional education for scheduled staff/physicians
  • Administrative training sessions
    • Submission process
    • Clinical requirements
    • Portal
  • Physician
    • Clinical best practices review
    • Medical policy review
    • Specific clinical requirement
  • TurningPoint medical professionals on-call 24 hours a day, 7 days a week

➢ Provider Relations, for program-specific questions or concerns
  • TurningPoint Provider Relations
    • Email: BCBSMProviderRelations@tpshealth.com
    • Phone: 313-908-6041
  • Blue Cross Provider Relations
    • Email: umproviderconcerns@bcbsm.com
Provider Portal Demo
Subscribe to our newsletters

bcbsm.com/ProviderNews

Problems with subscriptions? ProvComm@bcbsm.com
Please complete a short training survey. The survey launches when you close the WebEx window.

1. Click the **Continue** button.
2. Follow the directions in the survey to complete.

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**External Site**

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https://bcbsm.ac1.qualtrics.com/jfe/form/SV_6Q4H4p6pC1kHR6j

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Thank you for attending the Blues 201 training session about provider enrollment and the DocuSign process used by Blue Cross Blue Shield of Michigan and Blue Care Network.

We value your opinion. To ensure these sessions are informative and meaningful, please complete this short survey to give us your feedback on the training. We’ll use attendee feedback to refine and improve future training sessions.

Your individual responses will be confidential and summarized with all attendee responses.

Select the date of the session you attended.
Thank you!

Supporting your members when they need it most.

Empowering Healthcare Solutions for High-Quality, Affordable Care

Improving Quality & Affordability

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Appendix

• Where to submit an appeal
Grievances and Appeals: Provider Appeals Medicare Advantage

**BCN Advantage**
- Fax or mail appeals information to:
  - Fax: 1-866-522-7345
  - Mail: BCN Advantage
    Grievance and Appeals Unit
    P.O. Box 284
    Southfield, MI 48037-0284

  **Note:** Fax is the most expeditious route

  - For us to review your appeal, we must receive an appeal request within 45 calendar days from the date of determination. We’ll reply to the standard appeal within 30 calendar days.
  - You can request an expedited appeal if you haven’t provided the service and the time frame for a written appeal would jeopardize the member’s life. We’ll reply to the expedited appeal requests within 72 hours.

**Medicare Plus Blue**
- Fax or mail appeals information to:
  - Fax: 1-877-348-2251
  - Mail: Blue Cross Blue Shield of Michigan
    Medicare Advantage
    Grievances and Appeals Department
    P.O. Box 2627
    Detroit, MI 48231-2627

  **Note:** Fax is the most expeditious route

  - For us to review your appeal, we must receive an appeal request within 45 calendar days from the date of determination. We’ll reply to the standard appeal within 30 calendar days.
  - You can request an expedited appeal if you haven’t provided the service and the time frame for a written appeal would jeopardize the member’s life. We’ll reply to the expedited appeal request within 72 hours.
Grievances and Appeals: Provider Appeals
BCN HMO and PPO Commercial

BCN HMO and PPO Commercial
• Fax or mail appeals information to:
  • Fax: 1-866-359-6742  
    Note: Fax is the most expeditious route
  • Mail:  
    Utilization Management — Mail Code C336  
    Blue Cross & Blue Care Network  
    20500 Civic Center Drive  
    Southfield, MI 48076
• For us to review your appeal, we must receive an appeal request within 45 calendar days from the date of determination.
• You can request an expedited appeal if you haven’t provided the service and the time frame for a written appeal would jeopardize the member’s life. We’ll reply to expedited appeal requests within 72 hours.

Note: Providers need to submit the Appointment of Representative form when appealing on behalf of the member for Commercial members. If this form is filled out, you can follow the member appeal process which will be attached in the denial letter.